220

#### MARYLAND STATE DEPARTMENT OF HEALTH

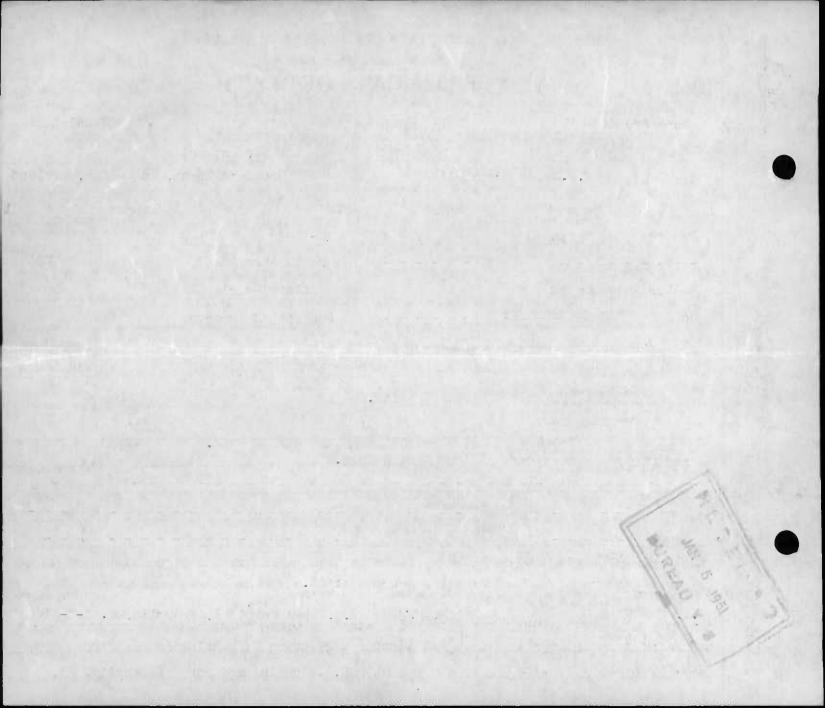
2411 N. Charles Street, Baltimore

0182

# 18M 15 105 CERTIFICATE OF DEATH

HIM NO. G TO JAN 15 195 PER TITLE TO THE	Reg. Dist. No	)·
1. PLACE OF DEATH- CAUNE Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED ANNUAL ANNUAL	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Annapolis  CITY (If outside corporate limits, write RURAL and LENGTH OF STAY of STAY OR	CITY (If outside corporate limits, write RURAL and giv OR RURAL, Annapolis	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital	ADDRESS Woodland Beach, Edgewate	er,Maryland
(1) be of 1 mms,	ANDERSON 4. DATE (Month) OF DEATH January	(Day) (Year) 2 19 5
Female   6. COLOR OR RACE   7. SINGLE, MARRIED. WIDOWED, DIVORCED, (Specify) SINGLE	8. DATE OF BIRTH 2. AGE last birthday If under Months 2. The Months 12-18-48	l year IIf under 24 hm
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business or INDUSTRY	11. BIRTHPLACE (State or foreign country)   12.   North Carolina   13.	COUNTRY? USAZ
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Elsie Myerly	
Walter Anderson 15. Was Decrased Ever In U.S. Armed Forces?   16. Social Security No.	17. INFORMANT AND ADDRESS	
(Ye., no, or unknown) (If yes, give war or dates of lecrvice)	Hospital Records	
18. MEDICAL CE		INTERVAL BETWEEN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)		15 hours
conditions contributing to the death but not related to the disease or condition causing death. (b) MONGOLISM #3	SEPIAL DEFECT #754.2	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR!	
22. I herely certify that I attended the deceased from Septemb attended the deceased f		ated above. DATE SIGNED 1-3-51
PEMOVAL (Specify)	Cemetery Washington	DC ADDRESS
Jan. 4, 1951	B.L. Hopping and Son Annapoli	

VS. A15



2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

21 Reg Diet No.

1. PLACE OF DEAT COUNTY			2. USUAL RESIDENCE (		COUNTY
	ne Arundel corporate limits, write RUR	MARYLAND AL and   LENGTH OF STAY	Mary.		An. Ar.
OR give neares	t town)	(in this place)	OP		
HOSPITAL OR	Annapolis		TOWN I	)avidsonville (If rural, give lo	
INSTITUTION O STREET ADDRE	R Anne Arunde	1 General Hosp.	ADDRESS	(II rurai, give a	cation)
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last) Armiger	OF	onth) (Day) (Year) anuary 27 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	s. DATE OF BIRTH Jan. 27. '51	1	If under 1 year   If under 24 hrs.   Months   Days   Hours   Min.
10s. USUAL OCCUI	PATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAI	ME	1	14. MOTHER'S MAIDEN		1 Oba
201 2111 22201 10 11111	undrum		Madeline An	rmiger	
	EVER IN U.S. ARMED FORCES     (If yes, give war or dates		17. INFORMANT AND		
	service)	- Managar er	Deministry of the Carl		
		18. MEDICAL CE	RIFICATION		INTERVAL BETWEEN
I. DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH		1000	ONSET AND DEATE
77/ Immedia	to	Rema	truty (22	who betus)	
776 X Immedia	te cause			7	
	ent cause(s)				
159 giving rise	conditions, if any, (b)		946 kg m - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
stating the	underlying cause last				
II OTHER SIGNIE	(c) FICANT CONDITIONS				
Conditions contrib	outing to the death but not				
19a. DATE OF OP	ease or condition causing dear ERATION   19h. MAJOR	FINDINGS OF OPERATION			20, AUTOPSY?
					Yes No 🖼
21. ACCIDENT		CE (Home, farm, factory, street,	(CITY OR	TOWN) (C	COUNTY) (STATE)
SUICIDE HOMICIDE	OF INJ	office bidg., etc.)			
TIME (Month)		I INJURY OCCURRED	HOW DID INJURY OC	CCUR?	
OF INJURY	m.	While at Not While Work At work			
22. I hereby cer	tify that I attended th	e deceased from!(.1)	, 19.\$7, to	7, 19.50., that	I last saw the deceased
aliana am	1/22 10 00 00	nd that death occurred at	3. 1510 m from the	onuges and on the	data stated shows
SIGNATURE	tt, 1034, at	(Degree or title)	ADDRESS	causes and on the	DATE SIGNED
Dadi in a carri	10	1	0	01 7001	71110
	n como	4 neigh	Comayo	eis mo	2/6/57
23. BURIAL, CREM REMOVAL (Spe	MATION DATE THERE	8'5, NAME OF CEMETE	ERY OR CREMATORY	LOCATION (City, tow	n, or county) (State)
DATE REC'D BY	LOCAL   REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	OR /	ADDRESS
REG.	8'5, lalsa	1. D. French	1 B. L. 12ap	pines & X	oh
-0			2	A while I	20
20127	1 she will the	0		Tours .	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consequence is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15-

# CERTIFICATE OF DEATH

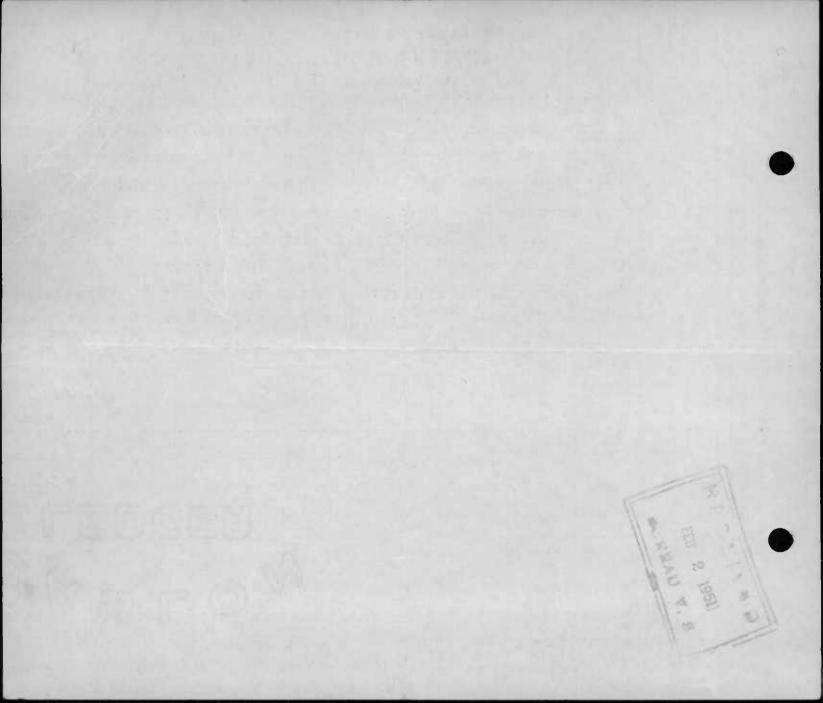
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The sorrect ag-PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

NIARGIN RESERVED FOR BINDING

FOR MEDICAL	EXAMINERS Reg.	Dist. No
1. PLACE OF DEATH. COUNTY WINE Argued MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASE STATE	COUNTY A.A.
CITY (If outside proporate limits, write RURAL and CENGTH OF STAY OR (In this place)	CITY (If outside to porte limits, write RURA OR TOWN	AL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 401 First St. (Eastfort)	STREET ADDRESS 401 First - 6	ocition)
3. NAME OF DECEASED (Type or Print) ANNA	(Last) 4. DATE OF DEATH	onth) (Day) (Year)
Female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCHD. (Specify Williams)	8. DATE OF BIRTH 9. AGE last birthday  Dec 15, 1899 51 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business of Industry  10b. Kind of Business of Industry	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
13. FATHER'S NAME  M. Fichman	Rachel Echtel	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service)		31-32 MERRICH AS
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEE ONSET AND DEAT
Antecedent cause(s) Diseases or conditions, if eny, giving rise to the above cause etating the underlying cause last  (c)	seltrosis	untreas
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY1
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office hldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN)	COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not while   INJURY   m,   work   at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decenfrom: natural causes accident , suicide , homicide , SIGNATURE (Degree or title)	andetermined Anuapolis,	Md. 1/30/51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER BEMOVAL, (Specify) 2-1-51 Kennestlo	houl Cemetry amapole	is, md.
FLOWARD 1, 1951 RECISTRA'S NOVATURE	B. L. Happing & Sen	ANDRESS ANAPOLIS, nd.

VS. A15A

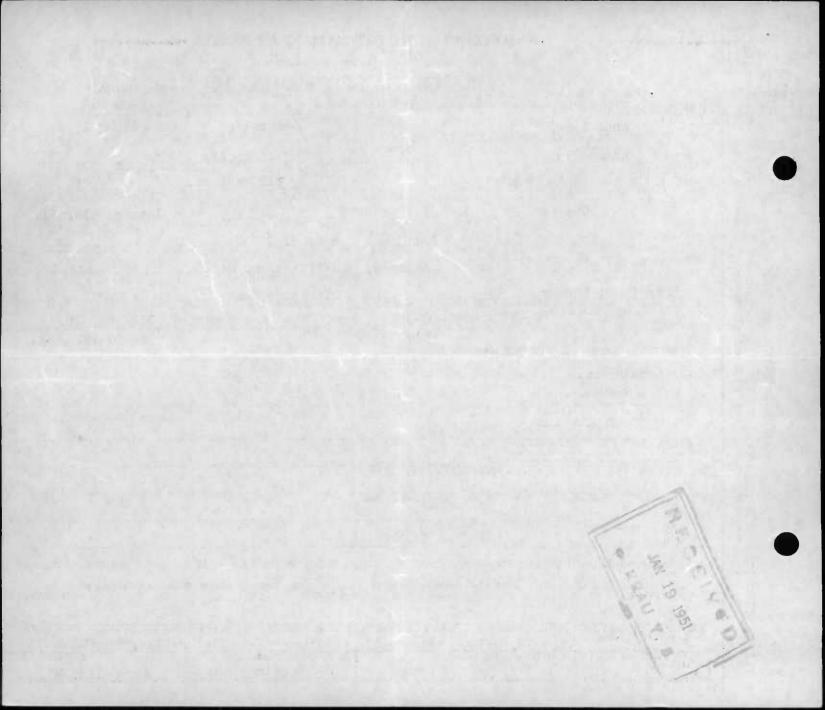


2411 N. Charles Street, Baltimore

# 01.85

# CERTIFICATE OF DEATH

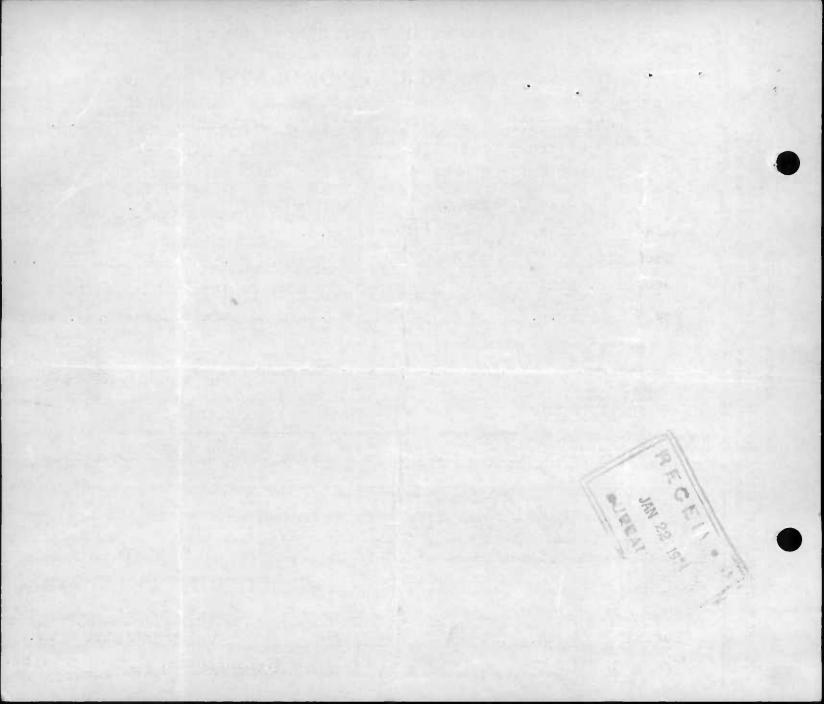
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Anne Arundel MARYLAND	STATE Maryland Anne Arundel
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR givo nearest town) TOWN Annapolis. (in this place)	TOWN Annapodis
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)
STREET ADDRESS Anne Arundel	ADDRESS 212 West St.
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) CHARLES E BAR	NEM DEATH January 15 57 19
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH   9. AGE isst birthday   If under I year   If under 24 hrs.
Male   White   (Specify) Married	Dec. 3.1902 48 yrs. Months Days Hours Min.
done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) HOUSE (Employed)	Wilmington Del USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Francis M. Barney	Ethel Hoffman
15. Was Decrased Ever In U.S. Armed Forces?   16. Social Security No. (Yes, no, or unknown)   (If yes, give war, or dates of	17. INFORMANT AND ADDRESS
No service) None   ZZZ-U3-13ZZ	Mrs. Ruth Parson Barney 212 West St.
18. MEDICAL CI	Annapoli Market Between
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
- Daman	in slews 80.
153 Immediate cause (a)	
Antecedent cause(s)	Postoriti
Diseases or conditions, if any, (b)	ef formand today
stating the underlying cause last	6
(c) Thorating	Carcingwa of Com 4 mark
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1-6-5) Perforating arcing	wa of Ceccin Yes No D
21. ACCIDENT (Specify) / PLACE (Honer, farm, factory, street, SUICIDE OF office lidg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE (INJURY )	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While	HOW DID INJURY OCCUR?
INJURY m.   Work  At work	
22 I haraby cartify that I attended the deceased from / 2 - /-	, 1950, to 1-15., 1951, that I last saw the deceased
	-0
alive on	ADDRESS DATE SIGNED
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Jaws Al Trailing Min C	awaporta, Hod. 1-16-51
28. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMET	CRY OR (CREMATORY   LOCATION (City, lown, or county) (State)
REMOVAL (Specify) Burial Jan 18, 1951 Centervill	e Cemetery / Centerville, Maryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR ADDRESS
(and 18, 1951) 7 Touch	B.L. Hoppin g and Son Annapolis, Md.



2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Anne Arundel MARYLAND	STATE Maryland COUNTY A. A.	
CITY (If outside corporate limits prite RIBAL and I LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest tow	n)
OR givo nearest town) Severn (Rural) (in Life)	OR TOWN Severn (Rural)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Quarterfield Road	STREET (If rural, give location) ADDRESS Quarterfield Road	
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day)	(Year)
DECEASED (Type or Print) George F.	Benton DEATH Jan. 19	1951
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,		ler 24 hrs.
Male White WIDOWED. DIVORCED WIDOWED. WIDOWED	Aug. 3, 1912   38 yrs.   Months   Days   Hour	Min.
done during most of working life, even if retired)  10b. Kind of Business on Industry Automobiles	11. BIRTHPLACE (State or foreign country)  Severn. Md.	U.S.
13. FATHER'S NAME	Severn, MQ.	U. D.
George H. Benton	Agnes Bortner	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no, or unknown)   (If yes, give, war, or dates of	17. INFORMANT AND ADDRESS	
yes  service  W. W. II   218-03-7836	IMrs. Raymond Durner, Severn. Md. Ru	ral
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL E	
		20 120 121
450 Immediate cause (a) Could Meyoras	reliab Sufarch. Islay	**************************************
Antecedent cause(s)		
Diseases or conditions, if any, (b)		
94a giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not		
related to the disease or condition causing death.	L CO. AVERO	DGVa
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTO	7311
	Yes 🗍	No B
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STAT	E)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	-11-1
OF INJURY  m. While at Not While Work At work		
22. I hereby certify that I attended the deceased from	, 19.5.1., to/./, 19.5.1., that I last saw the dec	eased
alive on 1/12 , 19.5 , and that death occurred at	A. The state of th	
SIGNATURE (Degree or title)	ADDRESS DATE SI	GNED
Bobby I. Yours, MP. P.	O. Budding Gley Busini 1/19	151
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE		tate
REMOVILa(Specify) / Jan, 22, 1951 Glen	Haven Glen Burnie N	d.
DATE RECOD BY LOCAL   REGISTRAR'S SIGNATURE	Haven Glen Burnie M	id.
Zi-julia di Cit	Haven Glen Burnie N	id.
DATE RECOD BY LOCAL   REGISTRAR'S SIGNATURE	Haven Glen Burnie M	id.



VS. A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY  MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR givo negrest town) (in this place)	OR OR
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS 1/9 Market U.	ADDRESS 1/9 Market
3. NAME OF (Middle) (Middle) (Type or Print)	(Last) 4. DATE (Month) (Day) (Year OF DEATH
6. COLOR OR RACE 7. SHNOLD, MARRIED, WIDOWED, (Specify)	S. DATE OF BIRTH  6. DATE OF BIRTH  7. AGE last birthday If under I year   Hours   Months   Days   Hours   M
don do my group working it, mend work 10b. Kind of Business on Industry	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WH. COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
reorge vounelis	"Muhar.
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	The Boundles amopal me
18. MEDICAL C	ERTIFIATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWE
Immediate cause (a)	James deval
581.0 Antecedent cause(s) Diseases or conditions, if any, (b) Mysecolul	in che
124 f giving rise to the above cause atating the underlying cause last	tyens
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Dlewin med unknown
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21 ACCUPENTS (Secretary VIII ACE (II and I accurate to the control of the control	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m, Work  At work	HOW DID INJURY OCCUR?
11-11	10 10 1. 6 -
	7, 1949, to for 5, 195/, that I last saw the deceased
alive on	ADDRESS no, from the causes and on the date stated above.
the state of the s	unpoli my 1-7-5
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETI	ERY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Jan. 8, 1951	John M. dayla ton Grove for not
U V	240 1-20

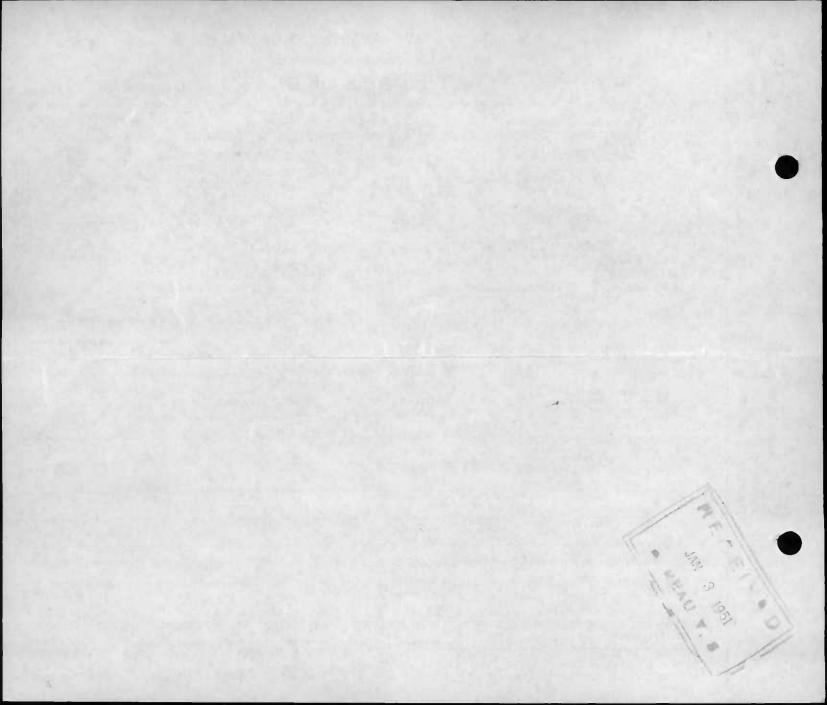


2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

0088

1. PLACE OF DEATH. COUNTY Come are all MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Q Q
OR give neglect dwn	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS 99 Lathedrel St.	STREET ADDRESS 99 Lutterdial
3. NAME OF Crirst) (Middle)	(Year) 4. DATE (Month) (Day) (Year)
(Type or Print) Lydia frantom	Bowce OF DEATH / 1951
6. COLOR OF RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED, (Specify)	S. DATE OF BIRTH  9. AGE last birthday  1/-22-(878)  9. AGE last birthday  Months Days  Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business or Industry	11. BIDAHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
Samuel Franton	14. MOTHER'S MADEN NAME
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Robert Staffing Constalling
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Myocard	ial infarction 5 was,
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	fatery with 3 yrs.
stating the underlying cause last (c) Hyperthonice	Carlio-Viscolar Hisean 5 ms.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No N
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m.   INJURY At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from June	, 1947, to Jan. 1,, 1951, that I last saw the deceased
signature: 1951, and that death occurred at	ADDRESS DATE SIGNED
Jone 141 Marlin, MINI	Junggoly 1-2-51
BURIAL, GREMATION DATE THEREOF MAME OF CEMETER REMOVAD (Specify)	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR ADDRESS
Jan. 2, 1931	gran y sayen van umapore me
	1.110



# M

# CERTIFICATE OF DEATH

	F	OR MEDICAL	EXAMINERS		Reg. Dist. No	2/5
1. PLACE OF DEATH- COUNTY Anne Arund	lel	MARYLAND	2. USUAL RESIDENCE STATE Maryla	and	COUNTY	
CITY (If outside corporate limits OR give carest town) TOWN GLEN Burnie	s, write RURAL and	(in this place)	CITY (If outside cor	nore		e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS FURNS	ce Branch R	oad	STREET ADDRESS 2023	Annapolis		V
3. NAME OF (Fire DECEASED (Type or Print)	ER	(Middle)	(Last) BRIGHT	4. DATE OF DEATH	(Month) January	(Day) (Yea 12 19
Male 6. COLOR Whit	te WIDO	GLE, MARRIED, DWED, DIVORCED, ecify) MATTIED	bec. 23,19	01 49	yrs.   Months	I year   If under 24 Days   Hours   M
done during most of working life, ev	en if retired) TNDUS	CIND OF BUSINESS OR Car Dlr.	Delaware			COUNTRY? U.A
13. FATHER'S NAME	Bright		Oon t kno			
15. Was DECEASED EVER IN U.S. A (Yes, no, or unknown) (If yes, give viservice)	war or dates of	SOCIAL SECURITY NO.	arah M.	Bright, 2	2023 Ann	apolis R
I. DISEASES OR CONDITIONS	DIRECTLY LEADIN	18. MEDICAL CE NG TO DEATH	RTIFICATION			INTERVAL BETWE ONSET AND DEA
1 Immediate cause  9 83 X Antecedent cause(s)  Diseases nr conditions, if a giving rise to the above causeting the underlying cause	any, (b) Cont	essed skull for usion of braining iple laceration	n			
II. OTHER SIGNIFICANT CON- Conditions contributing to the de- related to the disease or condition	DITIONS eath but not	tpre faceraut	ons or nead			
19a. DATE OF OPERATION 11		GS OF OPERATION				Yes X No
21. EXTERNAL CAUSE WAS PRIMARY & OR CONTRIBUTE CAUSE OF DEATH.  TIME (Month) (Day) (Yer OF INJURY Jan. 12, 19	NG OF office INJURY  BF) (Hour) INJUF	me, farm, factory, street, bleg, etc.)  TOUNG  Y OCCURRED  Not while  at work	Furnace Bran	OCCUR?		Burnie,
22. I certify that I took charge obtained by said Autopsy, from: natural causes	Inspection or Inqui	ry, find that said decerding [7], homicide [7], homicide [8], (Degree or title)	eased died on the day s	tated above, and	death in my	from the evidence apinian resulted DATE SIGNE
	ATE THEREOF -16-51	Loudon Pa	RY OR CREMATORY	LOCATION (CI Baltimor	ty, town, or coun	ty) (State)
	EGISTRAR'S SIGNA	dul	23 FUNEDAL DIREC	d Evans 14	100 5. 8	ADDRESS
1/6	V	Don		698	667	, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corrective especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

MARYLAND

(Middle)

INDUSTRY

None

PLACE (Home, farm, factory, street, OF office bldg., etc.)

INJURY OCCURRED

19. , and that death occurred at.....

Not While

(Degree or title)

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

10b. KIND OF BUSINESS OR

16. SOCIAL SECURITY NO.

LENGTH OF STAY

(in this place)

(Eastport

Reg. Dist. No. 21 2. USUAL RESIDENCE (HOME) OF DECEASED. STATEMARYland Anne Arundel CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Annapolis STREET (If rural, give location) ADDRESS 938 Bay Ridge Ave Eastport 4. DATE (Last) (Month) (Day) (Year) DEATH BUCKMASTER 1951 Jan 9. AGE last birthday | If under I year | If under 24 hrs. | Months | Days | Hours | Min. S. DATE OF BIRTH Dec. 13. 1875 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT Anne Arundel County 14. MOTHER'S MAIDEN NAME Anne WARD's 17. INFORMANT AND ADDRESS Bay Ridge Annie Goddard Williams (Eastport 18. MEDICAL CERTIFICATION ONSET AND DEATH Yes | No E (CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? m 19, 19.57, that I last saw the deceased 22. I hereby certify that I attended the deceased from line, 1957, to from the causes and on the date stated above. DATE SIGNED NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Annapolis, Maryland ADDRESS Hopping and Son Annapolis, Md.

corre The of information carefully. death clearly and legibly. every item Supply ev INK. PLAINLY, WITH UNFADING is especially important. Physicians: WRITE PLEASE

1. PLACE OF DEATH.

HOSPITAL OR

3. NAME OF

Female

DECEASED

(Type or Print)

13. FATHER'S NAME

21. ACCIDENT

SUICIDE HOMICIDE

INJURY

REG.

TIME (Month)

alive on

IGNATURE

BURIAL CREMATION

REMOVAL (Specify) Burial

DATE REC'D BY LOCAL

INSTITUTION OR

STREET ADDRESS

COUNTY Arundel

OR give nearest town).
TOWN Annapolis

CITY (If outside corporate limits, write RURAL and

(First)

6. COLOR OR RACE

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

192. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

(Hour)

DATE THEREOF

INJURY

RECESTRAR'S SPONATURE

While at

Work

ROSE

White

10a. USUAL OCCUPATION (Give kind of work

done during most of working life, even if retired)

15. WAS DECRASED EVER IN U.S. ARMED FORCES?

(Yes, no, os unknown) (If yes, give war or dates of

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(Specify)

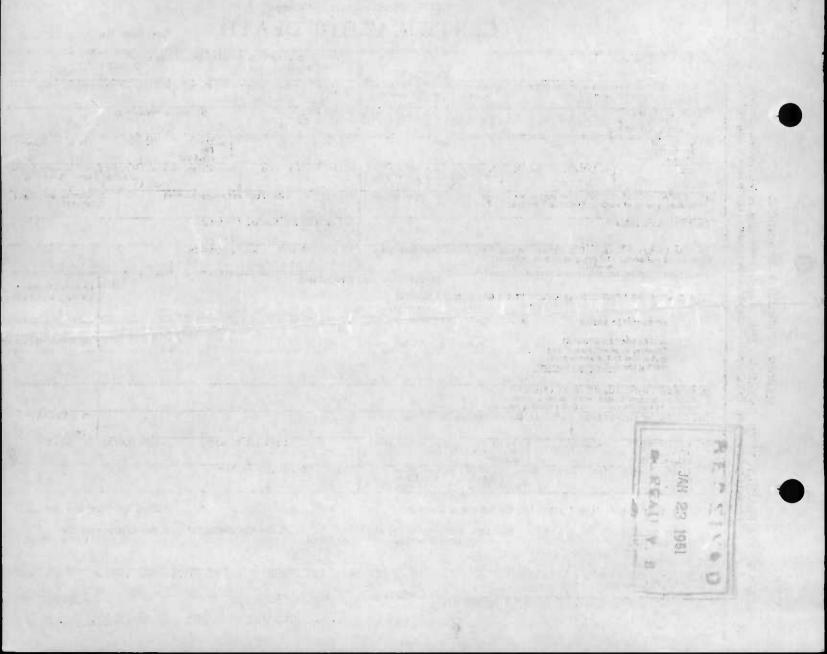
(Day) (Year)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

Alex Hubbard

Immediate cause Antecedent cause(s)

938 Bay Ridge Ave



#### 2411 N. Charles Street, Baltlmore

# 0691

Reg. Dist. No.

# CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED-	Y 17 B
Courl Councill MARYLAND	Manyland	Gla,
OR give nearest fown) LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and given OR	re nearest town)
OR give nearest flown) TOWN  (in this place)	TOWN Cerval Steer Bu	suce Meh
HOSPITAL OR	STREET (If rural give location)	,,,,,,,
INSTITUTION OR STREET ADDRESS	ADDRESS FD #2 OL ON	2010.
	" Vil.v. "a for all	asaur.
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) (HARLES	BURCH, St. DEATH VANUARY	1 10 1951
5. SEX   6. COLOR OR RACE   7. SINGLE MARRIED/		1 year III under 24 hrs
MALE WIDOWED, DIVORCED, (Specify)	March 7 1893 57 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR		2. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	B. OT.	COUNTRY?
13. FATHER'S NAME	Harring Ma.	
	14. MOTHER'S MAIDEN NAME	
L. Edward Burch	Blara R. Kell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT	
(Yes, no, or unknown) (If yes, give war or dates of service)	mo. Elva E. Burch RfD. 12	Pr. Phanos
18. MEDICAL CE		
	MILIOAKION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate source (a) Candiac	arthma	1 1
Immediate cause (a)	ashma	day
115001111111111111111111111111111111111	1 2 1	1
450. Antecedent cause(s) Diseases or conditions, if any, (b) asterias class	is Several.	
giving rise to the above cause	The state of the s	
12 C stating the underlying cause last		
(c)		1
II. OTHER SIGNIFICANT CONDITIONS		
Cooditions contributing to the death but not related to the disease or condition causing death.		
198. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
AL ACCUPENTS (Stra)   DIACE (Vi f ftra)	(CITY OR TOWN) (COUNTY)	Yes No M
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY  m. While at Not While Work  At work		
110011	1	
22. I hereby certify that I attended the deceased from 2.1.11	1950 to /// 195/ that I last s	aw the deceased
	,	
alive on 1/10 195 , and that death occurred at 1	11. 55 Rm. from the causes and on the date st	ated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
D 00 0 1	1.1 1 · nul	- 1 1 -
(Bobby L. yould MD.	Then Durnel, Mel.	1/11/51
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE	CRY OR CREMATERS   LOCATION (City, town, or count	ty) (State)
Bure (Specify) /1/13/5/ Green n	wint Baltimore	mal
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATUREO	24. FUNERAL DIRECTOR	ADDRESS
REG.		ADDINESS A

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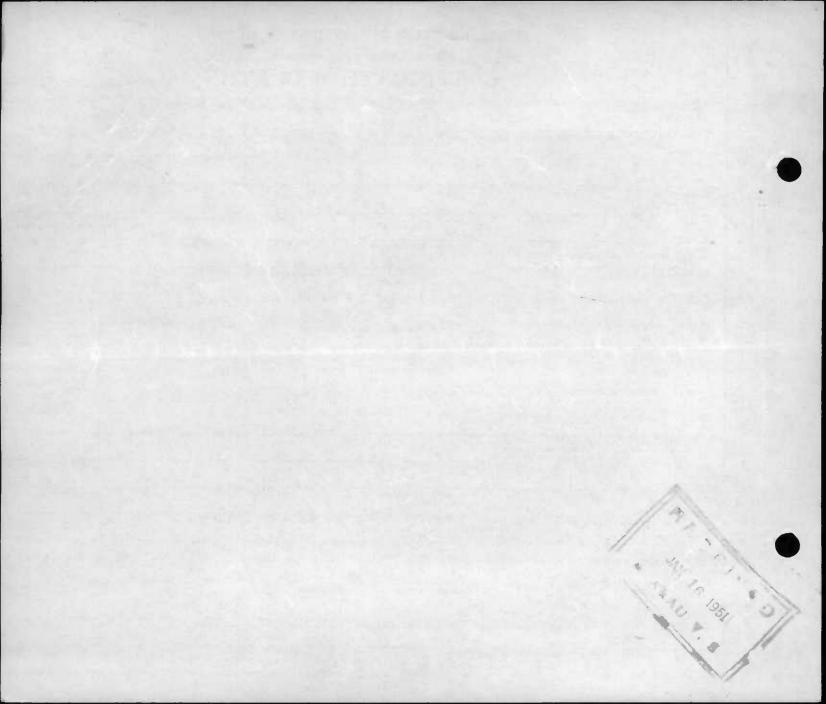
Nr. Johnson

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Arundl MARYLAND	STATE	7,
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
OR givo nearest town) (in this place) TOWN (V dwwdsonwill)	TOWN Il aveds morelle	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS	
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month)	(Day) (Year)
(Type or Print) Amelia Owens	SUR A DEATH IAN.	9 1957
5. SEX 9 6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH   9. AGE last birthday   If under	
Temple Colored WIDOWED, DIVORCED, (Specify) married	Man la 1877 73 yrs. Months	Days Hours Min.
10a, USHAL, OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Davidsonvill md. Gale	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John W: Thomas!	Mary E, Casly	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	1
(Yes, no, or unknown) (If yes, give war or dates of service)	Win B. Byrb. Davidsowell	e. mel
18. MEDICAL CE	RTIFICATION	7
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1	INTERVAL BETWEEN ONSET AND DEATH
Lachael	til 1	1.1
410 x Immediate cause (a) Villar	1 Callan	1 or
Antecedent cause(s) W. L. O. O.	11	1010
Diseases or conditions, if any, (b)	suffective	040.
92 of giving rise to the above cause stating the underlying cause last	//	
(c)		1
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes   No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work	4	
22. I hereby certify that I attended the deceased from June 1	5 1051 1 (14.9 1051 12.32	and the last of
22. I hereby certify that I attended the deceased from	2., 19.7, to, 19, that I last st	aw the deceased
alive on 1954, and that death occurred at	3 - A. m. from the causes and on the date sta	ated above.
SIGNATURIN (Degree or title)	ADDRESS Therthur Street	DATE SIGNED
Headow H. Vaharand M. d.	To Original ml.	1/11/51
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or count	(State)
REMOVAL (Specify)	00 10 101	my /
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG.	1. 1. 1. 1. 1. 1. 1.	shall me
- 100 12 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s	Jours ; me
1 Came & Suitt	720	826



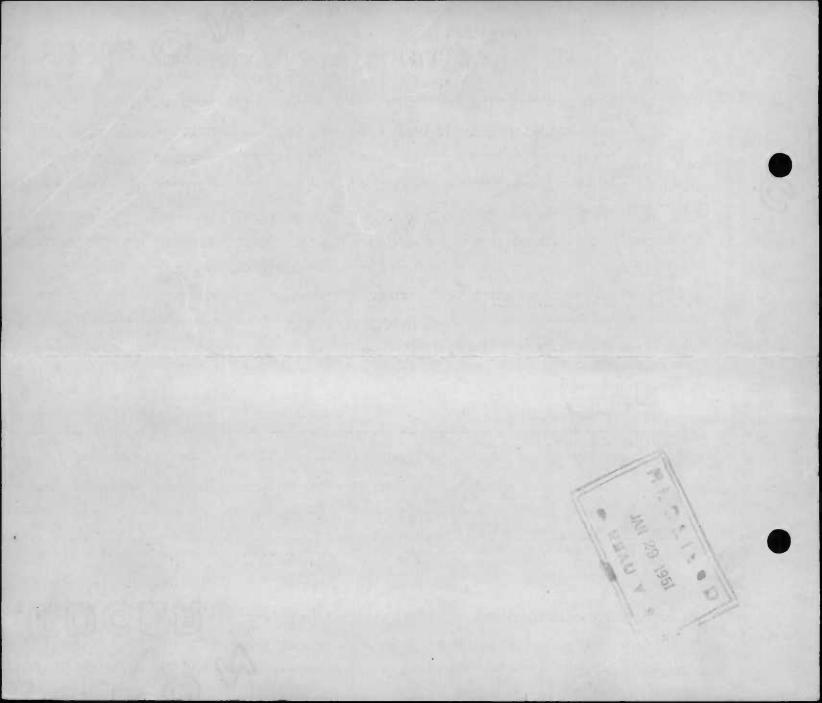
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## MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

0093

1. PLACE OF DEATH. COUNTY ANNE ARUNDEL MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	A.A.
CITY (If outside corporate limits, write RURAL and OR give near at lown (in this place)	TOWN ELVATON (RURAL)	re nearest town)
INSTITUTION OR STREET ADDRESS PASADENA. P.O. MD	ADDRESS RITCHIE HIGHV	NAY
3. NAME OF DECEASED (First) (Middle) (Type or Print)	CAGER 4. DATE (Month) OF DEATH JAN.	(Day) (Year) 27 157
FEMALE NEGRO (Specify) MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED, DIVORCED, (Specify) MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED, (Specify)	10 yrs.	l year   If under 24 hrs Days   Hours   Min.
done during most if porking life, even if refired)  10b. KIND OF BUSINESS OR INDUSTRY	MARYLAND	COUNTRY?
MOSES SMITH	HENRIETTA CURRIE	
15. WAS DECRAYED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service)	ARBUTUS HOLWAND PAS	ADENA MO
18. MEDICAL C  1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
	HAGE-BOTH LUNGS	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	UN. WOUNTS.	- 100 FE DE SALAS-NE EM SE ACTUA ACTUA ACTUA CALABOR SALAS - DA
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office flowers, street, OF Office flowers, street, OF OFFICE (Home, farm, factory, street, OFFICE (Home, farm	ELVATON. A.A.	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY While at Not while work at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an blained by said Autopsy, Inspection or Inquiry, find that said dec		
from: natural causes , accident , suicide , homicide X (Degree or title)  23. BURIAL, CREMATION CATE THEREOF AME OF CEMET	reased died on the dry stated above, and death in my	DATE SIGNED
from: natural causes , accident , suicide , homicide X (Degree or title)	cased died on the dry stated above, and death in my undetermined ADDRESS  Cal Chausie Amadres Md	DATE SIGNED



## CEDTIFICATE OF DEATH

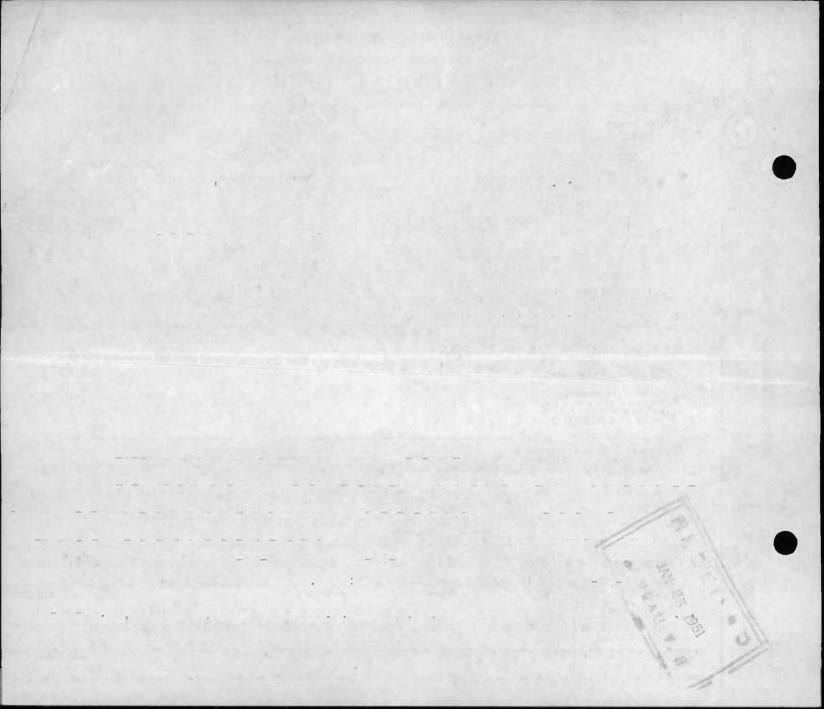
		CERTIFICAT	E OF DEAT	Reg. Dist. No	02]
1. PLACE OF DEATH		MARYLAND	2. USUAL RESIDENCE (	HOME) OF DECEASED. Anne APHNO	'el
OR give nearest	orporate limits, write RUR town) BDOlis		TOWN Glen Bu		ve nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRE	R U.S. Naval	Hospital	910 Docking Ro	ad, Harundale	
3. NAME OF DECEASED (Type or Print)	(First) Celia	(Middle) Carolina	(Last) COHEN	4. DATE (Month) OF DEATH	(Day) (Year) 20 <sub>19</sub> 5.
Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, SHYOPCED, (Specify)	8. DATE OF BIRTH 1-15-51	9. AGE last birthday If under Months	I year   If under 24 hrs   Hours   Min.
done during most of v	ATION (Give kind of work vorking life, even if retired)	10b. Kind of Business or Industry None	Maryland		COUNTRY? USA
	rique Cohen		Lucia Cel	is	
15. Was Deceased E (Yearly or unknown)	ver In U.S. Armed Forces (If yes, rive war or dates leervice)	?   16. SOCIAL SECURITY No. None	17. INFORMANT AND Hospital R	ecords	
	ONDITIONS DIRECTLY	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
Diseases or giving rise to	e cause (a) (b) (b) (c) or the above cause inderlying cause last	IMMATURITY UNQUALI	FIED 776		5 days
Conditions contributed to the disea	CANT CONDITIONS ating to the death but not see or condition causing death				
19a. DATE OF OPE	RATION 19B. MAJOR 1	FINDINGS OF OPERATION			20. AUTOPSY!
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (COUNTY)	Yes No (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby cortained alive on 17. SIGNATURE.		d that death occurred at?  CAPTAIN, MC, USN	.50 P. m., from the		ated above. DATE SIGNED
23. BURIAL, CREM REMOVAL (Spec		OF NAME OF CEMETE		ANAPIL (3	
DATE REC'D BY	1951 REGISTRAR'S		24. FUNERAL DIRECTO	OR (1	ADDRESS VAPOLIS, Md.
1201151	23351 2				

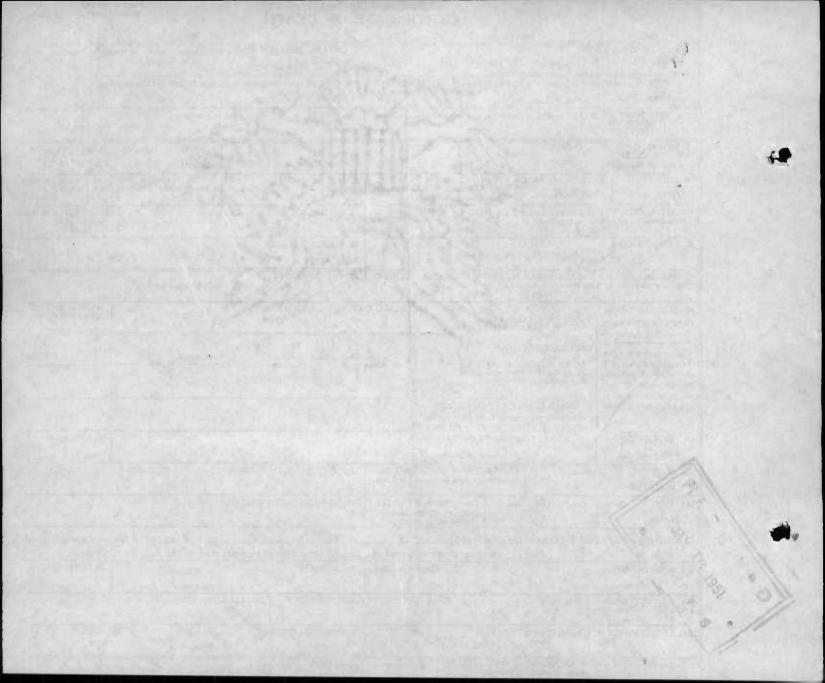
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefu is especially important. Physicians: please write the causes of death clearly and legib VS. A15





# WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

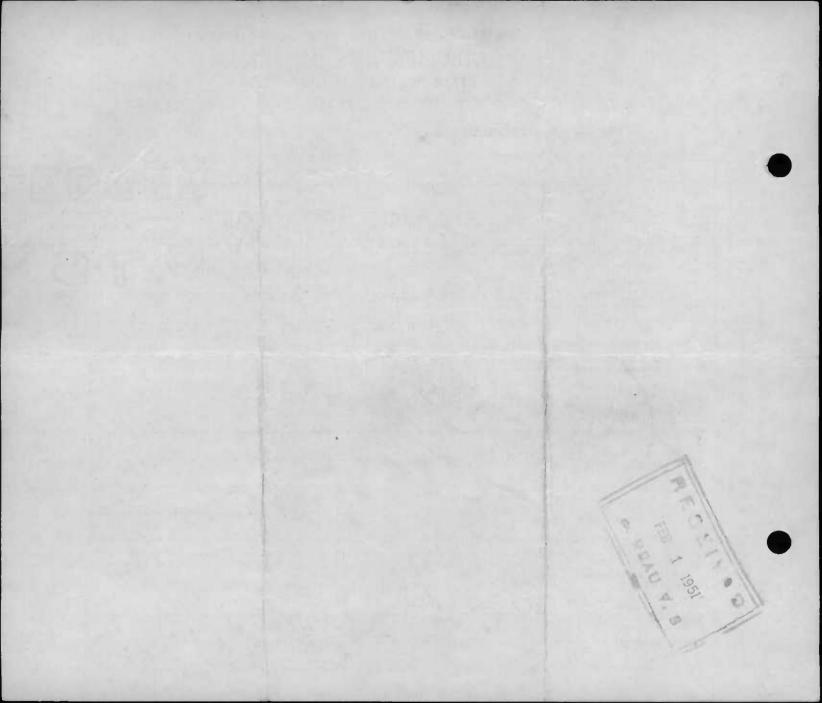
PLEASE

### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

0096

1. PLACE OF DEAM HOUNTY	2. USUAL RESIDENCE (HOME) OF DEGEASED. COUNTY	AA-
CITY (If outside corporate limits/write RURAL and LENGTH OF STAY OR give nearesty of the place)	OR TOWN CITY (If outside Opporate limited write AURAL and give	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ann Arnall Gen Hospita	STREET 63 Washing for	
3. NAME OF DECEASED (Type or Print) MAR GARET	CORUM 4. DATE (Month) OF DEATH (ATE)	(Day) (Year) 2-6 1951
5. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH   9. AGE last birthday   If older 1	year  If under 24 hr
done during most of Montine, We reven in sourced Industry	11. BIRTHPLACT State or foreign country)   12.	COUNTRY? S A-
13. FATHER'S FAME HOW KINS	14. MOTHERS MADEN NAME THURS	ck
16. WAS DECRASED EVER N U.S. ARMED FORCES? (Yes. no, or unknown) (If yes, give war at dates of service)	17. INFORMANT AND ADDRESS Pash, St. A.	mapolis My
18. MEDICAL CEI	RTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
" DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
Immediate cause (a) Creute Ve	retriets	3 days
550, Antecedent cause(s) Disease or conditions, if any, (b)	Phendine	untream
/2) giving rise to the above cause stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		2.
21. EXTERNAL CAUSE WAS   PLACE (Home, farm, factory, street,	(OVERLAD BOWLS)	Yes No W
PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while	HOW DID INJURY OCCUR?	
OF INJURY  m. While at Not while work  at work		
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decenfrom: natural earnes X, accident , suicide , homicide	ased died on the dry stated above, and death in my	DATE SIGNED  1/26/51
10	- Clundo	& hod
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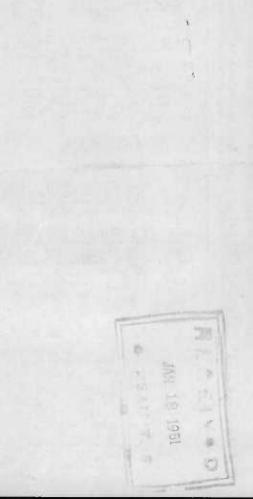
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#### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS Reg. Dist. No. ... 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTYLINE MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and LENGTH OF STAY TOWN give pearest town) TOWN HOSPITAL OR INSTITUTION OR STREET give location) STREET ADDRESS and weed ADDRESS 3. NAME OF Middle) 4. DATE (First) (Last) (Month) (Day) (Year) DECEASED an. (Type or Print) 10 DEATH 19.5 7. SINOTE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 9. AGE last birthday 8. DATE OF BIRTH If under I year IIf under 24 brs. Months | Days Hours | Min. 10a. USUAL OCCUPATION (Glvekind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If yes, give war or dates of service) INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATE Immediate cause Antecedent cause(s) Diseases or conditions, if any, glving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Trochestony Yes I No [] PLACE (Home, farm, factory, street, OF office bldg: etc.)
INJURY/Course / 7 5 21. EXTERNAL CAUSE WAS (CITY OR TOWN) (COUNTY) (STATE) PRIMARY OR CONTRIBUTING CAUSE OF DEATH. INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) HOW DID INJURY OCCUR? P.W While at work Not while at work 22. I certify that I took charge of the remains described above, held an Autopsy 🖳 Inspection 🗔, Inquiry 🕞 thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [] suicide [], homicide [], undetermined []. SIGNATURE (Degree or title) DATE SIGNED NAME OF CEMETERY OR CREMATORY 23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF LOCATION (City, town for county) (State) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS REG.



2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 2/

0698

1. PLACE OF DEAT	H•		2. USUAL RESIDENCE (		
COUNTY	Arundel	MARYLAND	STATE Marylan	d Anne	Arundel
CITY (If outside of OR give nearest TOWN	corporate limits, write RUR t town) Severna Par	AL and I LENGTH OF STAY		ate limits, write RURAL as na Park	nd give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRE	R Lower Mago	thy Beach	STREET LOWER	(If rural give location Magothy Beach	on)
3. NAME OF DECEASED (Type or Print)	(First) Henrietta	(Middle) T. C	(Last) rafton	4. DATE (Month) OF DEATH Janu	- /
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH Oct. 16, 1872	9. AGE last birthday   If	under I year If under 24 hrs onths Days Hours Min.
Ine HISHAL OCCUP	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Baltimore, Ma	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	1E	ulieb	14. MOTHER'S MAIDEN Mary Kampe	NAME	
	VER IN U.S. ARMED FORCES (If yes, give war or dates of service)		1 17. INFORMANT	on, Jr., Magot	hy Peach
		18. MEDICAL CEI	RTIFICATION		
J. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH		
420.) Immedia	te cause (a)	Of the transfer to	to the best to be a find	h	***************************************
93 d Diseases or giving rise t stating the	nt cause(s) conditions, if any, to the above cause underlying cause last (c)	rtimelines?	Emperdio L	walty	
Conditions contrib	ICANT CONDITIONS uting to the death but not ase or condition causing deat	h		1 1 2	
19a. DATE OF OPE	RATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY? Yes No No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	rown) (COU)	NTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
		d that death occurred at			
177K	ATION I DATE THERE	a. Veren		OCATION (City, town, or	1000
23. BURIAL, CREM REMOVAL (Spec	1 1/32/01	Lorraine Co	emetery	Woodlawn, I	laryland
DATE REC'D BY	5/ REGISTRAR'S	Hedrick	24. FUNERAL DIRECTO		Paul Street
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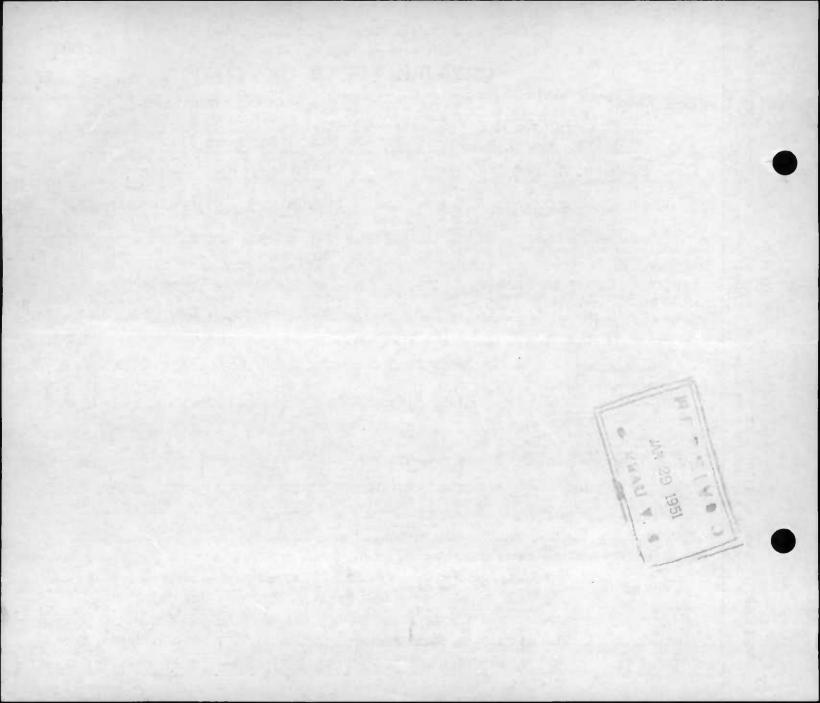
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06,33

## CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY	
William Charles		
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) t. Geo. G. Meade 15 min.	CITY (If outside corporate limits, write RURAL and give OR Baltimore #30	o nearest town)
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS U. S. ARMY HOSPITAL	ADDRESS 1914 Somerworth St.	\/
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month)	(Dan) (V)
DECEASED	OF	(Day) (Year)
(Type or Print) Nancy Lee	Daehnke DEATH January	23. 195]
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BLETH 9. AGE last birthday   If under	Days   Hours   Min.
Female White (Specity) Single	lanuary (1 yrs. 1	15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, evon if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)   12.	CITIZEN OF WHAT
done during most of working tite, evon it retired) Indostri	Maryland	COUNTRY? U. S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Frederick Christian Daehnke	Thelma Florence Presseler	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.		omerworth.
(Yes, no, or unknown) (If year, give war or dates of service)	Mr. Frederick C. DaehnkeBalto.	30 M. St.
	Tactorion of Dacimine Ballo,	JU, Ma.
I8. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
A Sphraus	•	15 mm
Immediate cause  (a) A 5 ph y x i a  Antecedent cause(s)  (b) Hydrops felalization for the shore cause		
Antecedent cause(s)		2
1 try wors telales		6
stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes \ No \
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office hldg., etc.) HOMICIDE INJURY		(4-11/
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While		
INJURY m.   Work   At work		
22. I hereby certify that I attended the deceased from 23 Jan	1951 to 23/AN 1917 that I last so	baseonsh w
alive on 23 JAN, 1957, and that death occurred at.	m., from the causes and on the date sta	ited above.
SIGNATURE (Degree or title)	Frank J. Shannon, Jr. Major MC	DATE SIGNED
Maior W. Et Made Army Manit 1		
23. BURIAL, CREMATION   DATE / NAME OF CEMETER	Ft. Meade Army Hospital 23 RY OR CREMATORY   LOCATION (City, town, or county	Jan 51
	ILL OR ORDINATURE LINUATION LUIV. TOWN, OF COUNTY	y) (State)
REMOVAL (Specify) Burial 21 Jan 51 Post Cemete		Md.
DATE REC'D BY LOCAL KRECISTRAR'S ALGNATURE	Ft. Geo. G. Meade,	Md. ADDRESS
DATE REC'D BY LOCAL RECISTRAR'S LIGNATURE		Md. ADDRESS



2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

0100

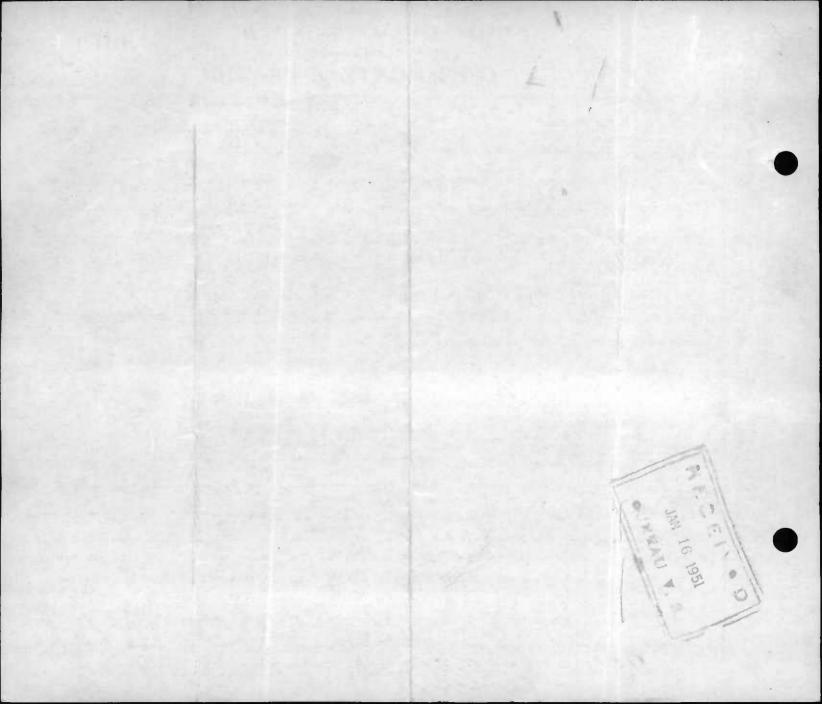
90126

OBKITIONI	Reg. Dist. No	
CITY (II outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town).	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY  CITY (If outside torporate limits, write RURAL and give nearest OR	t town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	TOWN DEAL RESTRICT (If rural, give location)	
3. NAME OF DECEASED (First) (Middle) (Type or Print) James Franck Fareckson	Deale of DEATH Joh, 12	(Year) 19 <b>5</b>
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 10a. USUAL OCCUPATION (Give kind of work) 10b. Kind of Business OR		Hours   Min.
done during most of working life, even if retired) INDUSTRY  13. FATHER'S NAME  EAU 20 70	14. MOTHER'S MAIDEN NAME	u,5.4
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Hyear, give war or dates of service)	17. INFORMANT AND ADDRESS William Edward Deale, Deale	, ud.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH,  Solvent and the control of	ONSET	AL BETWEEN AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Pressure	en yeş eş di dek eskiş edilliğiyi çılını sı ar
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. Al Yes	UTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	(CITY OR TOWN) (COUNTY) (S	TATE)
22. I hereby certify that I attended the deceased from land 12, 19.5, and that death occurred at	ADDRESS DATE  RY OR CREMATORY   LOCATION (City, town, or county)  Location   Location	ove. E SIGNED (State)
DATE REC'D BY LOCAL RECISTRARYS SIGNATURES	7 A Hand ester & Sore I al sullo le	RESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

M

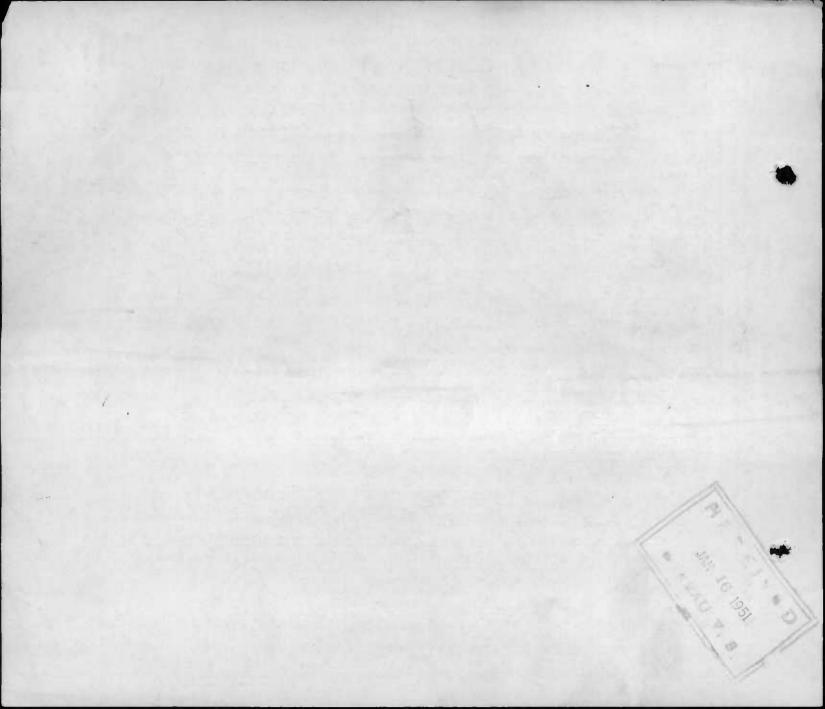
VS. A15



## CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

0101

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY UNE Useule MARYLAND	STATE COUNTY COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN give nearest town) TOWN  (in this place)	TOWN Boltimore
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)
STREET ADDRESS / Soule / 7 3	ADDRESS 1012 - Ruttand ace!
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) margaret Itestres	Durislay DEATH and. 11 1951
S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DINGRED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year   If under 24 brs.   Months   Days   Hours   Min.
(Specify) managed	1/16/14 1 28 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working fife, even if retired) INDUSTRY	BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY
	roenym. n h. 7. q.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FASTE SERVERY	Tear Hellay
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no, or unknown)   (If yes, give war or dates of	17. INFORMANT 1022 Restand ase.
A/O securice)	Jelle Kenslow, Ballemane, nu.
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
//.	all Capaland Audland
5255 Immediate cause (a) Messessia	e course
Antecedent cause(s)  Antecedent cause(s)  Antecedent cause(s)  Antecedent cause(s)  Antecedent cause(s)	1.1.10 Kudden
Diseases or conditions, if any, giving rise to the above cause	
stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No b
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
PRIMARY OR CONTRIBUTING OF office bldg., etc. 7 5	Jerufe, 4.a. mj.
OF (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while	HOW DID INJURY OCCUR
OF INJURY / //-/05/ m. While at work at work	Mutamatellacerdent.
22. I certify that I took charge of the remains described above, held an A	Interior I Inspection I Inquiry to thereon and from the evidence
obtained by said Autopsy, Inspection or Laquiry, find that said dece	osed died on the day stated above, and death in my opinion resulted
from: naturol causes , accident , suicide , homicide ,	undetermined [].
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Kustove N. Faubendus. Tues . Ex	
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or county) (State)
REMOVAL (Specify) 1/14/1951 Rocky Moun	t 37 a
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURES	1 E4: TUNERAL DIRECTUR ADDRESS
REG.)/13/51 Z. Mellon II	r. R.A. Elliott & Daughter
	1129 N. Caroline St



# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### **CERTIFICATE OF DEATH**

Reg. Dist. No. 23-

0103

1. PLACE OF DEATH- COUNTY Q U. C - MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	a.a. w
CITY (If outside corporate limits, write RURAL and OR give nearest town) Hen Burne (in this place)	OR TOWN Flan Burney. The	
HOSPITAL OR INSTITUTION OR 304-2 md and S. W. STREET ADDRESS 204-2 md and S. W.	STREET ADDRESS 30 4 - 2 nd Grand S. W.	
3. NAME OF (First) (Middle) DECEASED (Type or Print) Claren & Column de	Cason.  4. DATE (Month) OF DEATH	(Day) (Year) 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Manual.	1 11111 00 yrs	Days   Hours   Min.
done during most of working life, even if retired)  Author  Limits  On INDUSTRY	Fransemand Co. Virginia	COUNTRY? U.C.
13. FATHER'S NAME Caron.	14. MOTHER'S MAIDEN NAME Lucy Wel Kin	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND ADDRESS The Clarace Cure. Same	address
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Colonary 5	Thremtoses	12 hours
420. / Antecedent cause(s)	On One	34001
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	and promise	10 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No Z
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY OCCURRED While At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from.	*.	
alive on	ADDRESS  (0 & Cer tref Orr. 1.14	ated above. DATE SIGNED
23. BURIAL GREMATION   DATE / NAMEDOF CEMETE	EX OR CREATORY   LOCATION (City, pown, or spund	
(REMOVAL (Specify) 1/12/5/ Cedar/	till Cem. Il.a. Co., M.	d.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. // (1 S) REGISTRAR'S SIGNATURE Q. W. Joedush	24. FUNERAL DIRECTOR. Sichner & Spis:	Sally.
17/	2996	1 11110.

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

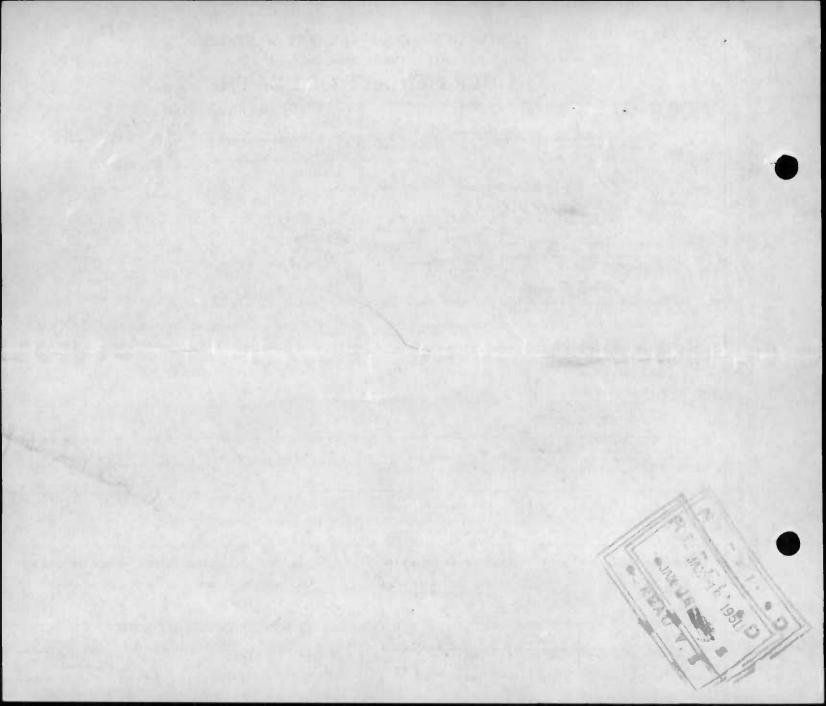
Reg. Dist. No....

0103

		*******
I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY FINAL Arundel MARYLAND	STATE EdgeWarer Md. BANE Brunde	1
CITY (II and its assessment limits and a DIDA) and A DIVINCTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)	+
OR give nearest town) TOWN  (in this place)	OR TOWN Edge Waren Md.	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS HANE Arundel General	ADDRESS ,	
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Y.	
DECEASED	OF	ear)
(Type or Print) PATHIANS		95/
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED.	8. DATE OF BIRTH 9. AGE last birthday If under 1 year   If under 2   Months   Days   Hours	
Male White (Specify)	VIII.	ALLE ELL.
10a. USUAL OCCUPATION (Give kind of work done drying most of working life, even if retired)  10b. Kind of Business or Indiana.	11. BUTTHPLACE (State or foreign country) 12. CITIZEN OF W. COUNTRY?	HAT
Marrow Joseph	Makesour COUNTRY!	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Mumown	nochmon.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yea, no, or unknown)   (If yes, give war or dates of service)	Mae Ersteld-Holly Hill Farm	
18. MEDICAL CE		
	INTERVAL BETW	VEEN
I. DISEASES OR CONDITIONS DIRECTLY DING TO DEATH	ONSET AND DE	HTAL
Tourselle and to love boul a	Jammhase. 7 da	13
Immediate cause (a)		
Antecedent cause(s)	0	
Diseases or conditions, if any, (b)	and the same of th	Los
atating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS		_
Conditions contributing to the death but not related to the disease or condition causing death.	mellikin unken	in
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY	?
	Yes No	-
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)	0 0
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(Court of the court of the cour	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While	1011 212 1110111 0000111	
INJURY m.   Work   At work		
22. I hereby certify that I attended the deceased from	10.51 + Dan 11 1051 that I last some the January	
		ea
alive on, 19.5, and that death occurred at		
SIGNATURE (Degree or title)	ADDRESS DATE SIGNE	ED
(4) 20 (3 '2 Such)	Property services	1
senge. Jasel 142.	angres m 1-11.0	/
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) (State	)
Qurial 1000 J. Xmis	en ( Blandenburge Rd. Mar	
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. EUNERAL DIRECTOR ADDRESS.	7.1
REG. 19951 Word with	The S. H. Hunes Co 2901-14 ms. 11.	w.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

S. A15



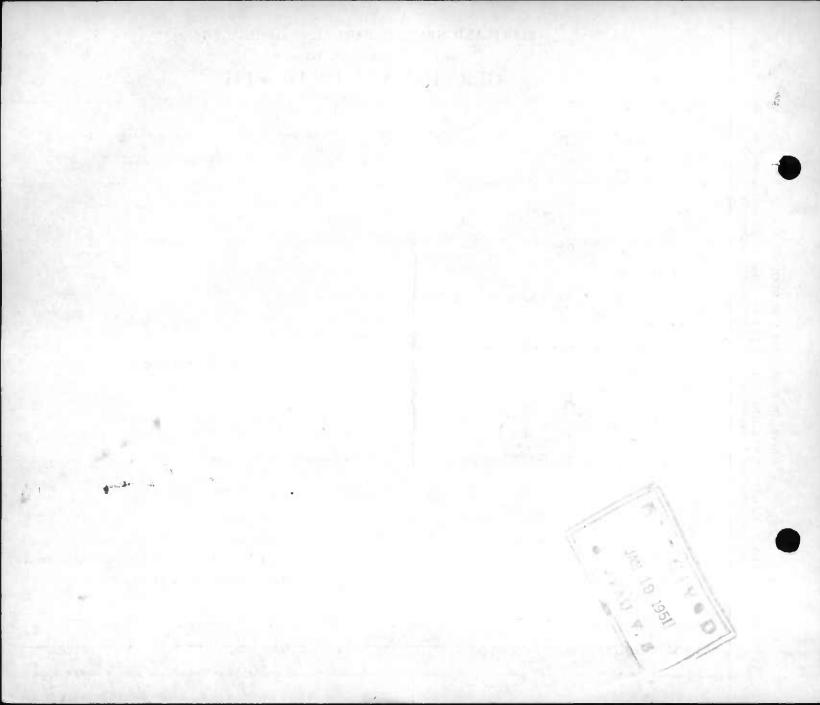
VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH 2000 2411 N. Charles Street, Baltimore CERTIFICATE OF DEATH. Reg

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		-			-

Reg. Dist. No. 21

1. PLACE OF DEATH. ANNE ARUNDELMARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE MARYLAND COUNTY A A.
CITY (If outside corporate limits, write RURAL and OR give nearest town)  OR give nearest town)  IVA  IENGTH OF STAY (in this place).	OR -
HOSPITAL OR INSTITUTION OR PIVER VIEW NURSING HOME	STREET (If rural, give location) ADDRESS
3. NAME OF DECEASED (First) (Middle)  (Type or Print)	FITZHUGH   4. DATE (Month) (Day) (Yes
5. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W1 DOWN	8. DATE OF BIRTH 9. AGE last hirthday If under I year If under 24 Hours Months. Days Hours M
done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country).  12. CITIZEN OF WE COUNTRY?.
13. FATHER'S NAME UNKNOWN	14. MOTHER'S MAIDEN NAME  UNKNOWN.
15. Was Deceased Eyer In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (Ilyear, give war or dates of service)	MRS WILLIAM G. WILLIAMS PASADENA
18. MEDICAL CI I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DE
Immediate cause  (a) Arterior le vi  Antecedent cause(s)	ti cardio vasulandesease 15 yrs
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last (c).  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?   Yes □ No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)  HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
	7., 19.57, to 11.6, 19.57, that I last saw the decease 7.20, m., from the causes and on the date stated above.  ADDRESS DATE SIGNE
23. BURIAL, CREMATION   DATE   NAME OF CEMETI	ERY OR CREMATORY   LOCATION (City, town, or county) (State)
REMOVAL (Specify) 1/18/51 Glen Have	n Glen But-nie
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR Sandress
: cella del not sel	290636



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2411 N. Charies Street, Baltimore

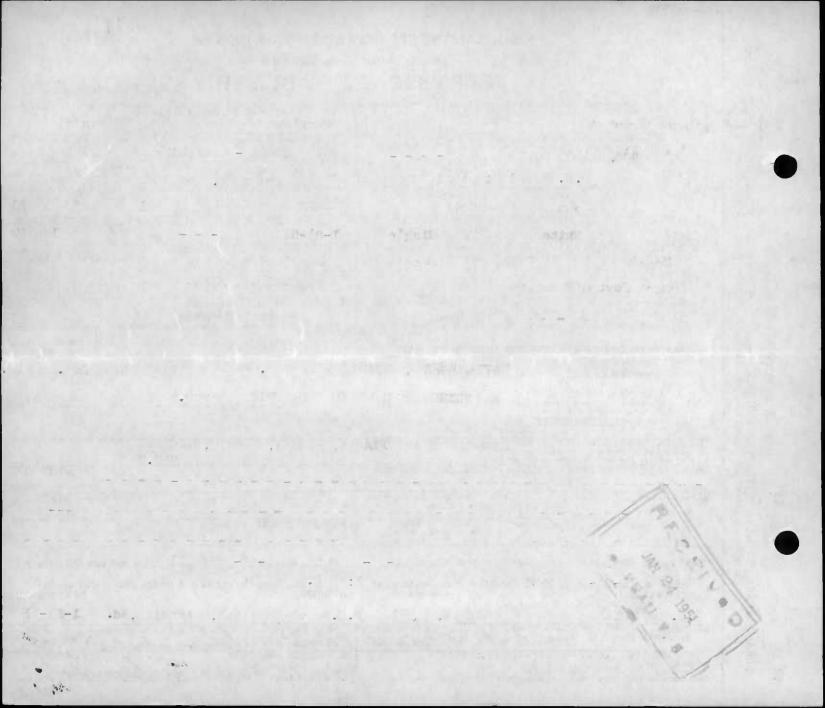
#### CERTIFICATE OF DEATH

Reg Diet No

				2008	. 2356 110	*
Anne Arun	ndel	MARYLAND	2. USUAL RESIDENCE STATE laryland	Aı	nf@uNTY	
CITY (If outside of OR give nearest TOWN Anns	corporate limits, write RUR. t town) nDOLIS	AL and LENGTH OF STAY (in this place)		orate limits, write RUR Annapolis	AL and give	e nearest town)
HOSPITAL OR INSTITUTION O STREET ADDRE	R TT C NT N	Hospital	ADDRESS Route	#4, Box 968	location)	
3. NAME OF DECEASED (Type or Print)	John	(Middle) G <b>riffin</b>	FOREMAN	4. DATE (MORE) OF DEATH	Ionth)	21 (Yest) 21 1951
Male	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) SINGLE	8. DATE OF BIRTH 1-21-51	9. AGE last birthday	If under I Months	year If under 24 hrs Days Hurs M.
done during most of	PATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY NONE	Maryland		12.	CITIZEN OF WHAT
Robert Pe	eyton Foreman		14. MOTHER'S MAIDE Frances Ma	e Owens		
15. WAS DECRASED E (Yes, no, or unknown)	CVER IN U.S. ARMED FORCES (II yes, give war or dates of service)	7 16. SOCIAL SECURITY NO. None	Hospital			
		18. MEDICAL CE	ERTIFICATION			
I. DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH				INTERVAL BETWEEN ONSET AND DEATH
7705 Immedia	te cause (a)	ATELECTASIS, CONG	ENITAL 762.0	***************************************	· - » 1 ó 1 » 0 » 0 » үч мини 0 3 »	lhr. 29min
Diseases or giving rise t	nt cause(s) conditions, if any, to the above cause underlying cause last	ERYTHROBIASTOSIS	WITH IMMATURITY	770.5		
11. OTHER SIGNIF Conditions contrib	ICANT CONDITIONS Cuting to the death but not	ONGENITAL HYPOPLA	SIA, KIDNEY, UR	ETER, BLADDER	73	
		FINDINGS OF OPERATION				20. AUTOPSY? Yes M No []
21. ACCIDENT SUICIDE HOMICIDE -	OF	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (	COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR?	an an an	
22. I hereby cert	lify that I attended the	e deceased from 1-21-	, 19.51, tol-21	, 1951, that	I last sa	w the deceased
elive on 1	12- 10-51 an	that death occurred at	1:35 P. m., from th	e causes and on the	e date sta	ted above. DATE SIGNED
R.F CANTRI			U.S.Naval Hospi	tal, Annapoli		1-23-51
23. BURIAL, CREM REMOVAL (Spe	cify) /-23-	51 Maral		Amen	n, or county	mul
REG. 23	1951 7	much	John M. Va	eylor. Son	ann	ADDRESS
02/10	11273 30	2				med

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

VS. A15



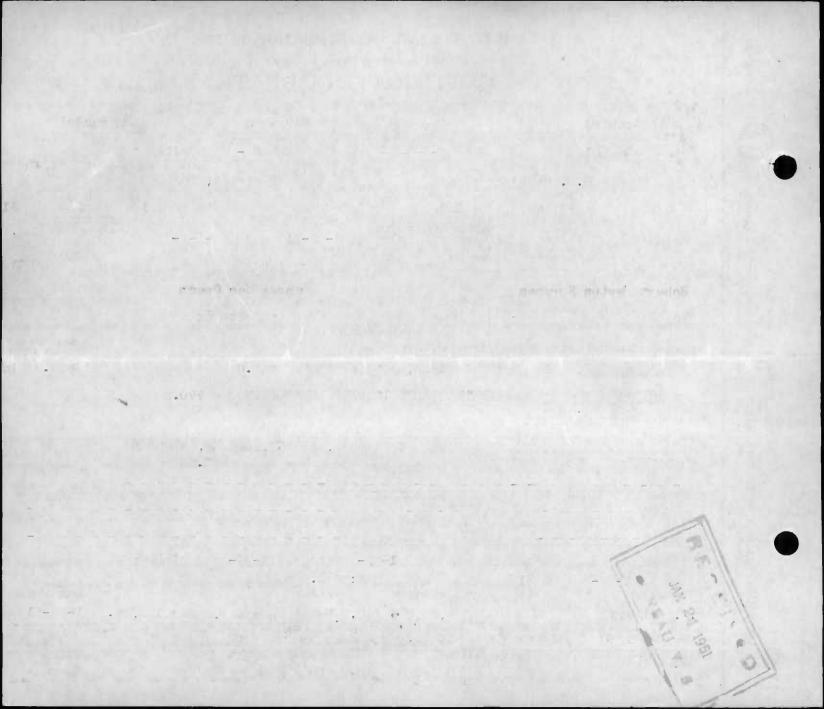
2411 N. Charles Street, Baltimore

		CERTIFICAT	E OF DEAT	H Reg. Dist.	. No. 21
1. PLACE OF DEAT COUNTY Arus	ndel	MARYLAND	2. USUAL RESIDENCE (I	Anneu	Affundel
OR give nearest TOWN Anna	orporate limits, write RURA town	AL and LENGTH OF STAY (in this place)		Annapolis	d give nearest town)
HOSPITAL OR INSTITUTION O' STREET ADDRE	R SS U.S. Naval F	lospital	STREET ADDRESS Route	#4. Box 968	2)
3. NAME OF DECEASED (Type or Print)	(First) William	(Middle) Hale	(Last) FOREMAN	4. DATE (Month) OF DEATH	(Day) (Year) 22 <sub>19</sub> 51
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 1-21-51	9. AGE last birthday If un Mon	tha Days Hours Min.
done during most of v	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY None	Maryland		12. CITIZEN OF WHAT COUNTRY? USA
Robert Per	vton Foreman		Frances Maiden		
15. WAS DECRASED E.	VER IN U.S. ARMED FORCES' (If yes, give war or dates of leervice)	7 16. SOCIAL SECURITY NO. None	17. INFORMANT AND Hospital Re	ADDRESS	
I. DISEASES OR CO	ONDITIONS DIRECTLY	18. MEDICAL CE LEADING TO DEATH	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATE
770, 5 Immediat	e cause (a)A	TELECTASIS, CONGE	NITAL 762.0	•••••	l3hrs.24min
Anteceder Diseases or giving rise to	nt cause(s) conditions, if any, o the above cause inderlying cause last (c)	ERYTHROBIASTOSIS N	TITH IMMATURITY	770.5	
related to the disea	CANT CONDITIONS uting to the death but not see or condition causing death		SIA, KIDNEY, UR	ETER, BLADDER	
19a. DATE OF OPE	RATION 19b. MAJOR F	FINDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	COUN (COUN	TY) (STATE)
TIME (Month) OF INJURY		INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby cert	)	d that death occurred at			
R.F. CANTRE  23. BURIAL, ORBA  REMOVAL (Spec	ATION   DATE THEREO	OF   NAME OF CEMETE	J.S Naval Hospit	al, Annapolis, Md	1-23-51 ounty) (State)
DATE REC'D BY	1-23-2		24. FUNERAL DIRECTO	ele der an	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information cars is especially important. Physicians: please write the causes of death clearly and leg MARGIN RESERVED FOR BINDING

The correct age

VS. A16



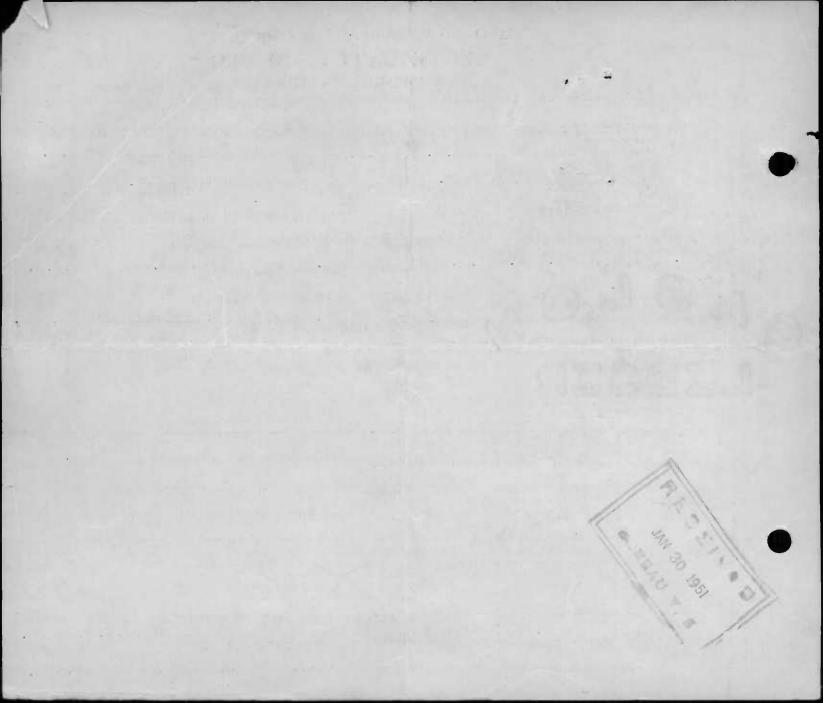
The correct age

## MARYLAND STATE DEPARTMENT OF HEALTH

#### CERTIFICATE OF DEATH FOR MEDIC

	DU DEATH	U.Lil.
AL	EXAMINERS	Reg. Dist. No. 2/

COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.	
Anne Amandel Maryland	STATE COUNTY	
CITY (If outside corporate limite welto DIIDAI and LY ENCORY ON OWNER	CITY (If outside corporate limits, write RURAL and give he	aren (own)
OR give nearest town (Glen Surmice) (In this place)	TOWN Garland (Glen Burnie	
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	Palla
STREET ADDRESS #107 Second Ave	ADDRESS	
3. NAME OF (First) (Middle)	(Last) #107 Second Ave	
DECEASED	OF (Month)	ay) (Year)
(Type or Print) Frank John 5. SEX 6. COLOR OR RACE   7. SINGLE, MARRIED.	ried DEATH January 25	5. 1951
WIDOWED, DIVORCED.	8. DATE OF BIRTH 9. AGE last hirthday If under I yes	ar If under 24 hr
10a. USAL OCCUPATION (Give kind of work 10h. Kind of Business of		A Trodie Mills
	71. BIRTHI LACE (State or Ioreign country) 12. Ct	TIZEN OF WHAT
Gen. helper. Chem. Lab.   H.S. Thdustrial	CO. Baltimore, Md.	NTRY?
10. FAIRERS NAME	14. MOTHER'S MAIDEN NAME	1 × 13 × 12 ×
Frank A. Fried	Anna Babarick	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	
No service) 215-03-0921	Mrs. Mildred R. Fried- Garla	~ A %#A
18. MEDICAL CE	DTIPLESTON	4
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		HARC'S STARRA
DIADING TO DEATH		NEET AND DEAT
Immediale cause (a) laronory	, Ocelusion &	Ader
1100		
Antecedent cause(s)		
glvlng rise to the above cause		
stating the underlying cause last		
(e)		
H. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20	. AUTOPSY?
	V	es 🖺 No 🏗
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg etc.	(CITY OR TOWN) (COUNTY)	(STATE)
PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH.		,
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF   While at   Not while   Not work   at work		
22. I certify that I took charge of the remains described above, held an A	utopsy ., Inspection ., Inquiry thereon and from	the evidence
outtied by said Autopsy, Inspection of Industry, and that said deced	aged died on the day stated above and death in me anim	tion resulted
from: natural causes , accident , suicide , homicide , SIGNATURE (Degree or title)		A THE STATES
		ATE SIGNED
Sentant At outer all muchant exome	ues seen seerne and 11	126/51
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETER	RY OR CREMATORY   LOCATION (City, town, or county)	(State)
REUTA (I'mily) Jan. 29, 1951 Holy Co	ross Brooklyn (R.F.D.	
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	1 1 1 2 1 2 1	DDRESS
REG./2)/51	73	
	R. V. Singleton Glen Burnie	Ma .

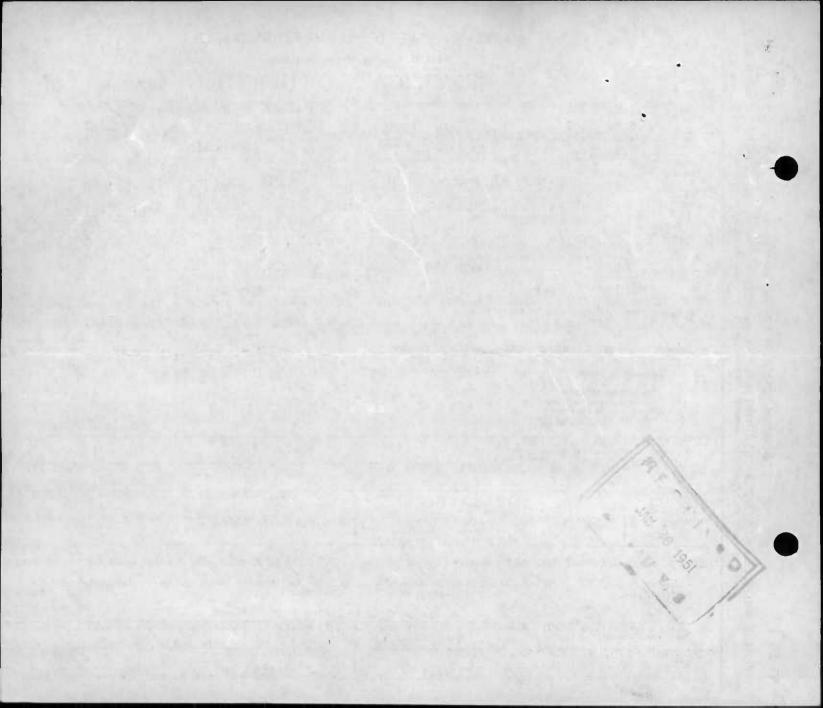


PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

CERTIFICATE OF DEATH

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
COUNTY Anne Arundel MARYLAND	Maryland Anne Arundel
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Annapolis	OR Annapolis TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hosp	STREET (If rural, give location) ADDRESS 160 Prince George St.
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
	GAVER OF BIRTH   9. AGE last birthday   II under 1 year   II under 24 hrs.
Female White WIDOWED, DIVORCED, (Specify) Divorced	Aug 17 1890 60 yrs. Months Days Hours Min.  11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired)  HOUSE  10b. Kind of Business or Industry  Own Home	1 Country?
13. FATHER'S NAME	Georgia USA
Charles Gardner	Mary Cole
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no, or unknown)   (If yes, give war or dates of	17. INFORMANT AND ADDRESS 160 Prince George St
No service) None NONE	Mrs Jacquelin Dyment Annapolis, Maryland
18. MEDICAL C	
Immediate cause  Antecedent cause(s) Diseases or conditions, if any, (b)	g hier 4 yes
giving rise to the above cause stating the underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes 🗆 No 🖨
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While   INJURY   Mork   At work	HOW DID INJURY OCCUR!
//	, 19.46, to 22, 19.7, that I last saw the deceased
alive on 12 , 19 , and that death occurred at (Degree or title)	ADDRESS DATE SIGNED
Bunch C Boil M. D.	Ample ml
REMOVAL (Specify)	ERY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL I REGISTRAR'S SIGNATURE	Cemetery   Annapodis, Maryland   24. FUNERAL DIRECTOR   ADDRESS
REG.	D * **
an 15 1951 my much	B.L. Hopping and Son Annapolis, Maryland



2411 N. Charles Street, Baltimore

	CERTIFICAT	E OF DEATH Reg.	Dist. No. 21
1. PLACE OF DEATH COUNTY Anne A undel	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASE STATEMARY Land	Anne Arundel
Anne A undel CITY (If outside Corporate limits, write RUF OR givo nearest town) TOWN Weems Creek	RAL and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURA OR TOWN Weems Creek	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET (If rural, give le ADDRESS nr Annapolis, Md.	
3. NAME OF (First) DECEASED (Type or Print) SARAH	(Middle) E GIBSON	OF DEATH JANI	
Female   6. COLOR OR RACE   White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDWOOD	Jan. 6, 1862 89 ym.	If under 1 year   If under 24 hr Months   Days   Hours   Min
10a. USUAL OCCUPATION (Give kind of work done during most of working lifes even if retired)	10b. Kind of Business on Industry home	11. BIRTHPLACE (State or foreign country)  Calvert County, Md.	12. CITIZEN OF WHAT
13. FATHER'S NAME  Unknown  15. Was Decrased Ever In U.S. Armed Force	S? 1 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates	NONE  18. MEDICAL CE	Mrs. Lillian D. Atwell W	eems Creek
I. DISEASES OR CONDITIONS DIRECTLY  Immediate cause (a)  Antecedent cause(s) Diseases or conditions, if any, giving ries to the above cause stating the underlying cause last (c)		Remonfage is Carcho Viscoli Osea	nnapo interval Between Onset and Deate 3 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition cansing des ISB. DATE OF OPERATION   ISB. MAJOR	eth.		20. AUTOPSY?
21. ACCIDENT (Specify) PL SUICIDE OF	ACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (C	Yes No COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED   While at   Not While   Work   At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the alive on 195(., a SIGNATURE)  23. BURIAL, CREMATION DATE THEREBEMOVAL (Specify)  DATE REC'D BY LOCAL   REGISTRAR	nd that death occurred at (Degree or title)  NAME OF CEMETE  Mt. Zion Ce	195 to 195 to that  5 5 m, from the causes and on the ADDRESS  AV OR CREMATORY LOCATION (City, fow metery Later of Location)  124. FUNERAL DIRECTOR	date stated above.  DATE SIGNED  1-6-5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age



# VS. A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0110

#### CERTIFICATE OF DEATH

COUNTY/	STATE COUNTY	
Como Wirn dal MARYLAND	- mary land and armeda	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN  LENGTH OF STAY (in this place)	CITY (If outside exporate limits, write RURAL and give nearest town) OR TOWN Property	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS MAR A BOLIS GENERAL	ADDRESS Sulvan Shorts.	
3. NAME OF (First) (Middle)		
DECEASED (Type or Print) Part 1. Epinica Y P.	OF OF	93./
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE last bir day   If under 1 year   If under 2	
Male, W. WIDOWED, DIVORCED, (Specify)	may 22,1896 5-4, yrs. Months. Days Hours 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF W. COUNTRY?	HAT
13. FAPHER'S NAME	14. MOTHER'S MAIDEN NAME	
Thomas 6. 4 ilbert	Lea SAR III in a	
15 WAS DECRACED EVER IN U.S. AVAID FORCES? 1 16 SOCIAL SECURITY NO.	17. INFORMANT	
(Yes. no, or unknown)   (If year, give war or dates of	10 16 9 1/4	1
W. service) / Mark of Mar. 1.	haved No feller Dor	1
18. MEDICAL CE	RTIFICATION INTERVAL BETW	EEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DE	HTA
Immediate cause (a) Caremon a	defr. lung und 6 mg	
/ (2 X Antecedent cause(s)		utos
me Va - V	to mediostruck flands	
Discourse on an distance it and the little of the little o		
Diseases or conditions, if any, (b)	factor of the state of the stat	10v on on
JO d giving rise to the above cause stating the underlying cause last  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		554 60 TO 6 5M
47 d giving rise to the above cause stating the underlying cause last  IL OTHER SIGNIFICANT CONDITIONS		?
giving rise to the above cause stating the underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY	
John displaying rise to the above cause stating the underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  Aug. //- S-O  Augustian death	20. AUTOPSY Yes \( \) No	
giving rise to the above cause stating the underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY	
giving rise to the above cause stating the underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION (Specify)   PLACE (Home, farm, factory, street, OF office bldg., etc.)   INJURY TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	20. AUTOPSY Yes \( \) No	
giving rise to the above cause stating the underlying cause last  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  (In a Cold Dent (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)  INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	(CITY OR TOWN) (COUNTY) (STATE)	
giving rise to the above cause stating the underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION (Specify)   PLACE (Home, farm, factory, street, OF office bldg., etc.)   INJURY TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	(CITY OR TOWN) (COUNTY) (STATE)	
giving rise to the above cause stating the underlying cause last  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  (In a Cold Dent (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)  INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	20. AUTOPSY:   Yes	
giving rise to the above cause stating the underlying cause last  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  (According 1/2 Conditions of the death of the disease or condition causing death.  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)  INJURY (Hour) INJURY  TIME (Month) (Day) (Year) (Hour) While at Not While INJURY m. Work At work  22. I hereby certify that I attended the deceased from At work alive on John 1950, and that death occurred at	20. AUTOPSY:   Yes   No     (CITY OR TOWN) (COUNTY) (STATE)  HOW DID INJURY OCCUR?    19.50, to   5., 19.50, that I last saw the decease   3.57 m., from the causes and on the date stated above.	ed
giving rise to the above cause stating the underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OFF office bldg., etc.)  21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OFF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED While at Not While INJURY Mork At work   190. 190. 190. 190. 190. 190. 190. 190.	(CITY OR TOWN) (COUNTY) (STATE)  HOW DID INJURY OCCUR? , 19.50, to Jan. 5., 19.50, that I last saw the decease	ed
giving rise to the above cause stating the underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  LUCY /- SO   PLACE (Home, farm, factory, street, OF office bidg., etc.)  21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED While at Not While INJURY m. Work At work    22. I hereby certify that I attended the deceased from At work    alive on Journal (1950), and that death occurred at SIGNATURE (Degree or title)	(CITY OR TOWN) (COUNTY) (STATE)  HOW DID INJURY OCCUR? , 1950, to Jon 5-, 1950, that I last saw the decease 9307 m., from the causes and on the date stated above.  ADDRESS DATE SIGNE	ed
giving rise to the above cause stating the underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  (Specify) PLACE (Home, farm, factory, street, office bidg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work  22. I hereby certify that I attended the deceased from SIGNATURE (Degree or title)  23. BURIAL, SHEMATION DATE NAME OF CEMETE	(CITY OR TOWN) (COUNTY) (STATE)  HOW DID INJURY OCCUR?  19.50, to Jon 5-, 1950, that I last saw the decease of the causes and on the date stated above.  ADDRESS DATE SIGNE  Hunofolis Was	ed sp
giving rise to the above cause stating the underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)  10 ACCIDENT OF OFFICE OF OFFICE OF OFFICE OF OFFICE O	20. AUTOPSY: Yes No (CITY OR TOWN) (COUNTY) (STATE)  HOW DID INJURY OCCUR? , 19.57, to Jon. 5-, 19.57, that I last saw the decease Sometimes of the causes and on the date stated above. ADDRESS DATE SIGNE  ATT OR CREMATORY LOCATION (City, town, or county) (State)	ed sp
giving rise to the above cause stating the underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  (Specify) PLACE (Home, farm, factory, street, office bidg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work  22. I hereby certify that I attended the deceased from SIGNATURE (Degree or title)  23. BURIAL, SHEMATION DATE NAME OF CEMETE	CITY OR TOWN) (COUNTY)  (CITY OR TOWN) (COUNTY)  HOW DID INJURY OCCUR?  1950, to Jan 5., 1950, that I last saw the decease of the date stated above.  ADDRESS DATE SIGNE  How of the causes and on the date stated above.  ADDRESS DATE SIGNE	ed sp
giving rise to the above cause stating the underlying cause last  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  (In a condition of the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  (In a condition of the death of the	20. AUTOPSY: Yes No (CITY OR TOWN) (COUNTY) (STATE)  HOW DID INJURY OCCUR? , 19.57, to Jon. 5-, 19.57, that I last saw the decease Sometimes of the causes and on the date stated above. ADDRESS DATE SIGNE  ATT OR CREMATORY LOCATION (City, town, or county) (State)	ed sp

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# CERTIFICATE OF DEATH

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FOR MEDICAL EXAMINERS 21 Reg. Dist. No..... 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY COUNTY ANNE ARUNDEL MARYLAND MARYLAND ANNE ARUNDET CITY (If outside corporata limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL, and LENGTH OF STAY OR giva nearest town)
TOWN RIVA (in this place) DAVIDSONVILLE TOWN HOSPITAL OR INSTITUTION OR STREET (If rural, give location) ADDRESS RIVA NURSING HOME DAVIDSONVILLE POST OFFICE STREET ADDRESS 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED ALBERT GLOVER. (Type or Print) DEATH JANUARY 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED 6. COLOR OR RACE 9. AGE last birthday | If under I year | If under 24 hrs. | Months | Days | Hours | Min. 8. DATE OF BIRTH MALE WHITE 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, even if retired)
Retired Merchant

13. FATHER'S NAME COUNTRY? Store ANNE ARUNDEL COUNTY General IISA JOSHUA GLOVER MARY CRANDEL 15. WAS DECRASED EVEN IN U.S. ARMED FORCES? 17. INFORMANT AND ADDRESS 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war no dates of service) NONE MRS. OSCAR F. GRIMES SR (SISTER) DAVIDSON# 18. MEDICAL CERTIFICATION 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATE ACUTE DILATATION OF HEART Immediate cause Antecedent cause(s) CHRONIC MYOCARDITIS \*\* Diseases or ennditions, if any, giving rise to the shove cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not GENERAL ARTERIOLOSCLEROSIS related to the disease or condition causing death. 19a, DATE OF OPERATION | 19b, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes 🗌 No T 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) PRIMARY YOR CONTRIBUTING CAUSE OF DEATH. office bidg., etc.) INJURY NATURAL RY NATURAL CAUSES HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) While at Not while NATURAL CAUSES Bearth Jan. 23.51 11:15am work at work 22. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry X. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural courses X accident , suicide , homicide , undetermined . LICY MUCH DATE SIGNED (Degree nr title) ADDRESS Co. Annapolis Md. BURIAL, CREMATION DATE THEREOF I NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) 25.51 Quaker Cemetery Jan. Galesville, Maryland DATE REC'D BY LOCAL REGISTRAR SIGNATURE B.L. Hopping and Son Annapolis Md.

VS. Alba

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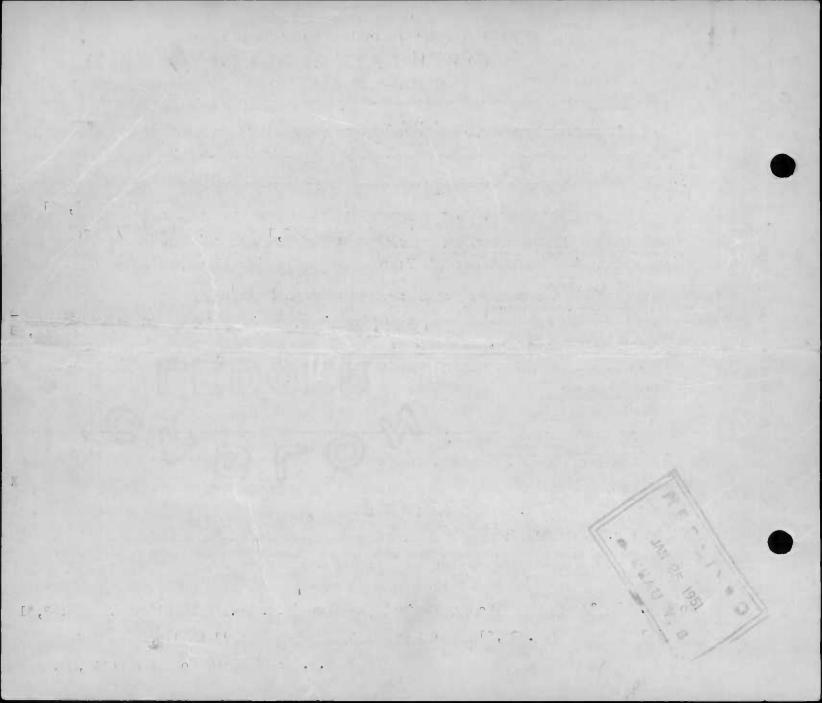
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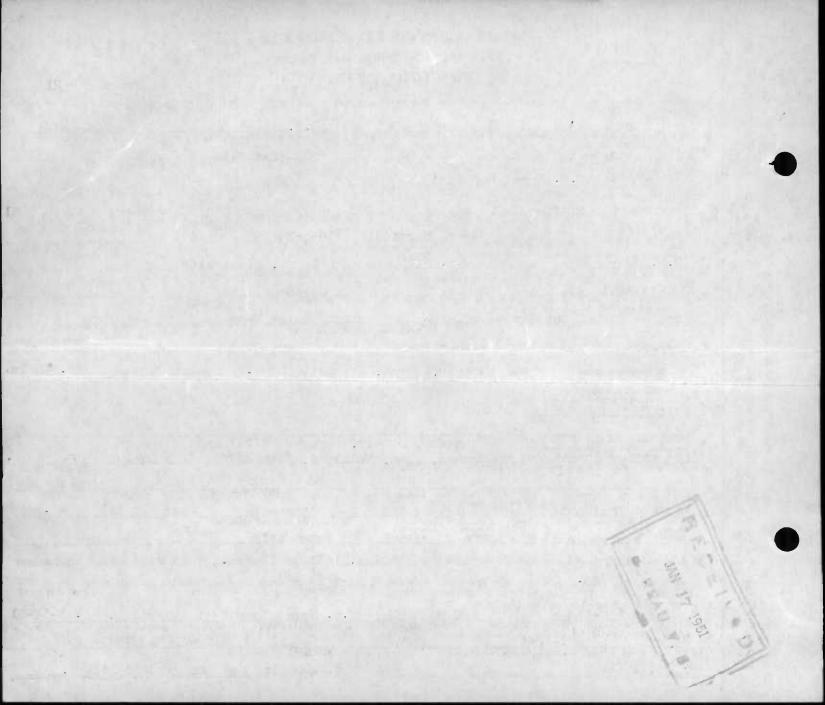


VS. A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICA	TE OF DEATH Reg. Dist. 1	No. 21
1. PLACE OF DEATH- COUNTY Anne Arundel MARYLAND CITY (If outside corporato limits, write RURAL and OR give nearest town) TOWN Annapolis HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital	Y CITY (If outside corporate limits, write RURAL and OR TOWN Annapolis STREET ADDRESS (If rural, give focation)	e Arundel give nearest town)
3. NAME OF DECEASED (Type or Print) (Middle)  5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, Cypecify) Married  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. Navy  13. FATHER'S NAME	R 11. BIRTHPLACE (State or foreign country)	(Day) (Year)  13 19 5]  ar I year   If under 24 hre   Days   Hours   Min.  12. CITIZEN OF WHAT  COUNTRY
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of service) Currently	Winona Mississippi  14. MOTHER'S MAIDEN NAME  Unknown  17. INFORMANT AND ADDRESS  Service Record  CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  [S] Immediate cause (a) Rupture, Aorta,  Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)	Traumatic N995.3	INTERVAL BETWEEN ONSET AND DEATH
	le, Humerus N812 Multiple, Face N873	1Hr. 45Min.
21. ACCIDENT (Specify) PLACE (Home, farm, factory, stree office bldg., etc.)  HOMICIDE Accident INJURY Highway  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY January 13 51 pm.	Annapolis Anne Arunde How DID INJURY OCCUR? Automobile	, , , , , , , , , , , , , , , , , , , ,
alive on 13 Jan 1951 and that death occurred at SIGNATURE (Degree or title)  James R McShane  23. BURIAL CREMATION   DATE THEREOF   NAME OF CEMETRE NAME OF CEMETRE O		Md. 1-14-51 Inty) (State)  ADDRESS S, Md.



2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

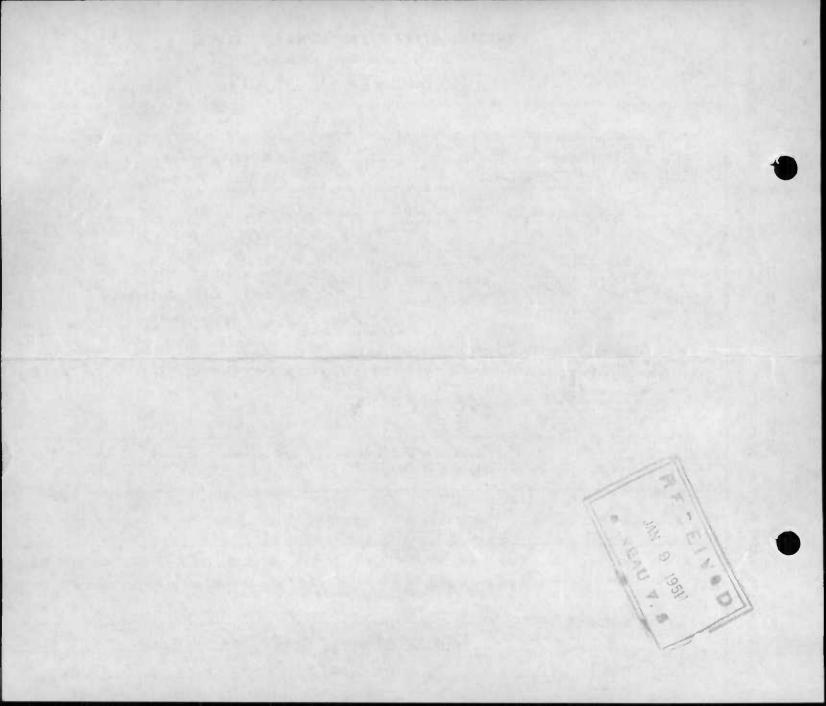
Reg. Dist. No. 21

1. PLACE OF DEATH- COUNTY Q. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUN	TY 0 Q
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this piace)	CITY (If outside corporate limits, write RURAL and OR TOWN	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS / OH MARKE	STREET (If rural, give location) ADDRESS 10 4 Market	
3. NAME OF DECEASED (First) Time Translar	GLast) 4. DATE (Month) OF DEATH	(Day) (Year)
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, (Specify)	8. DATE OF BIRTH   9. AGE last hirthday   If und	10 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business or Industry	11. BIRTHPLACE (State of foreign (17))	12 CITIZEN OF WHAT
13. ATHER'S NAME	Watter's Maiden Namey	er
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Y.s. no, or unknown) (If yes, give war or dates of service)	Mrs las E. Treneman	Lile
18. MEDICAL CI	RTIFICA JON	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	5/	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Collemon on	7 Stomach	19000
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		6 mines
(c)		1
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	mis femalisist	unkun
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	0	20. AUTOPSY!
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNT	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work Atwark	HOW DID INJURY OCCUR?	
22. I hereby prify that I attended the deceased from Leh!	1952, to 4, 1957, that I last	saw the deceased
alive on 3, 1957, and that death occurred at SIGNATURE (Degree or title)	ADDRESS from the causes and on the date	stated above. DATE SIGNED
George C. Baril M.D.	Ample ml.	1.5-5-1
23. BURIAL, (Specify) DATE THEREOF NAME OF CEMETE NAME OF CEMETE	nony Camt. Brosque	Pa.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 5, 1951	Earl B. Burg - She Re	ADDRESS
		- Oa.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

7S. A15



The correct age

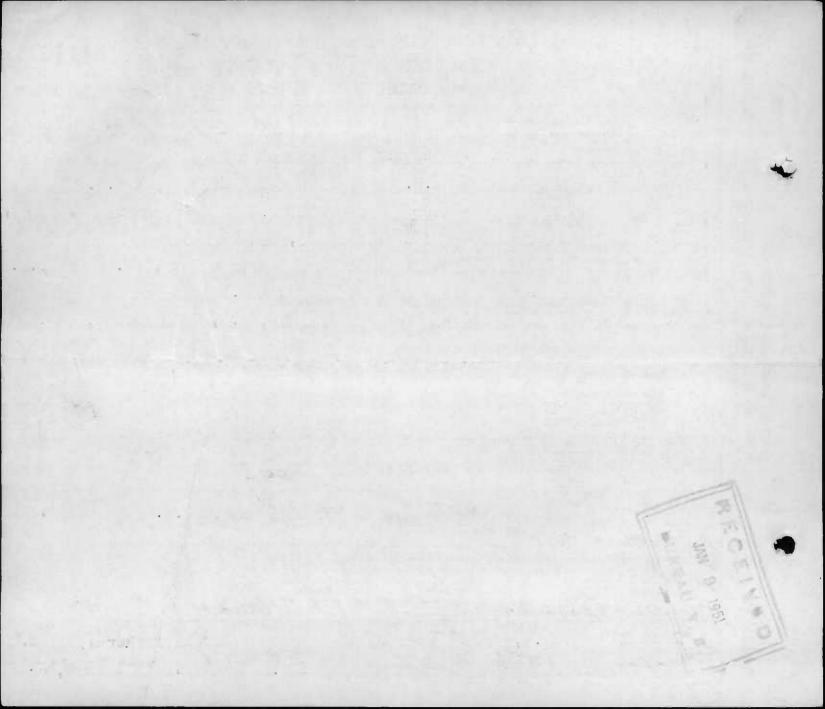
19

#### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

0114

COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.
nne arundel MARYLAND	Maryland Anne Arundel
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN give nearest town) Glen Burnie (in this place)	TOWN Glen Burnie
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS 214 Second Ave S. W.	ADDRESS 214 Second Ave S.W.
DECEASED	OF
(Type or Print) John walter	Hall, Sr.   DEATH January 4, 1950
6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 Gra. Months   Days   Hours   Min.
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WI COWE 0	May 23, 1894 56 ym. 56 ym.
10a. USUAL OCCUPATION (Give kind of work   10b. Kind of Business or	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
done during most of working life, even if retired) Funeral Directo	Dorchester County, Md COUNTRY? U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William H. Hall	Margaret R. Scott
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT
(Yes, no, or unknown)   (If yes, give war or dates of	Tohn Holl Tre Clay Throng a Md
	John Hall, Jr., Glen Burnie, Md.
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
	ee to Canton mounde Sudley
Immediate cause	with the second with the second secon
978	
Antecedent cause(s) Diseases or conditions, if any, (b)	
178 6 giving rise to the above cause	**************************************
stating the underlying cause last	
(e)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No D
21. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING OF office bldg etc.) CAUSE OF DEATH.	(CLTY OR TOWN) (COUNTY) (STATE)
PRIMARY FOR CONTRIBUTING OF office bidg. etc.), CAUSE OF DEATH.	(deal (supres) (1.1. mg.
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF 1- / 15 While at Not while	1011 212 1110111 000011
INJURY JAN. 4 195/ 6 m.   work   at work	
22. I certify that I took charge of the remains described above, held an A	Autonou I Inspection W Inquiry of thereon and from the evidence
obtained by said Autonsy Inspection or Inquiry findshat said dece	ased died on the dry stated above, and death in my opinion resulted
from: natural causes [], accident [], suicide [], homicide [],	undetermined \(\sigma\).
	ADDRESS DATE SIGNED
1 + H ) I wandant medera	Islen/Burne ) md . 1/5/51
rusian /o farheran . Examer.	reven journe, na ' 10/01
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or county) (State)
REMOVAL (Specify) Jan. 6, 1950 Cedar Hil	Brooklyn (Runal) Md.
DATE BEC'D BY LOCAL   REGISTRAR'S TIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG/1/C1 1/1/1/1/1	
	Phomos W Simpleton Glan Damei Md
1/6/5	Phomas W. Singleton, Glen Burnie, Md.



Evidence for additions of #7,10,12,14, & 17 on:

The correct age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

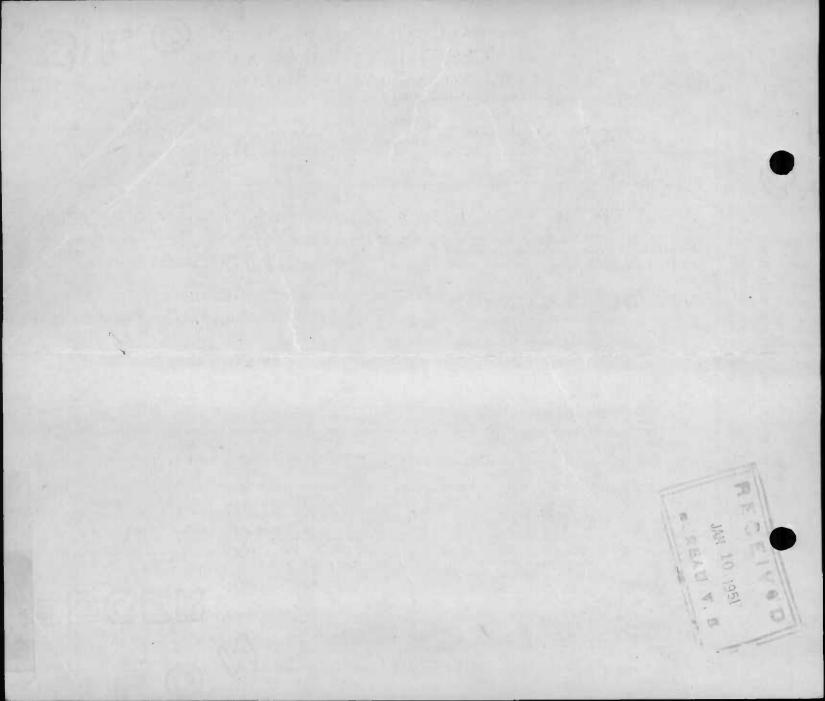
MARGIN RESERVED FOR BINDING

#### CERTIFICATE OF DEATH

6	1	1	1	1	,
Į	J.	1	J.	0	1

THA No	C	1	en 10	IAN	19	1951	FOR	MEDICAL.	EXAMINERS
HIM INU.	u	1	10	JAN	13	1901	run	MEDICAL	EAAMINERS

1. PLACE OF WEATH Arcusel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECESSED. COUNTY A. A
CITY (If outside corporate limits, write RURAL and OR give neares the Corporate limits, write RURAL and I LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS Smith ville End Rd.	STREET ADDRESS Smillville and Rd.
3. NAME OF DECEASED (First) MOSES HARRISON	HALL ADATE (Month) (Day) (Year) OF DEATH LAW 5 195
6. SEX PALE 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birth ay III ander 1 year Hours Min.
10a. USUAL OCCUPATION (Giv kind of work done during most of working life, eyen if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTY! S. A.
13. FATHER'S NAME TRACES/ Noll	14. MOTHER'S MAIDEN NAME
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Thus has Suren - Spar Rd. Mol.
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH    Diseases or conditions directly Leading to Death   Antecedent cause(s)   Revosene	tron from Smoking Corloss.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yee □ No 🐿
21. EXTERNAL CAUSE WAS PRIMARY COR CONTRIBUTING OF office bidg., etc.) INJURY  OF OFFICE HOME OFFICE HOME OF OFFICE HOME OFFICE HOME OF OFFICE HOME OFFICE H	Armapoles AA. Md.
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY OF The Not while at work at work	Smoking Resource laugh in hat
22. I certify that I took charge of the remains described above, held an abotained by said Autopsy, Inspection or Inquiry, find that said december of an antical causes accident and suicide the formal causes accident and suicide to the control of	Autopsy, Inspection, Inquiry, thereon and from the evidence wascd died on the day stated above, and death in my opinion resulted undetermined
24 BURIAL, CREMA NOM DATE THEREOF SAME OF CEMETE BEMOVALA (Sprogy)	Can Crammer Amabolis Md 1/8/51. CRY OR CREMATORY VLOCATION (City, town, or county)  Canal Section (City, town, or county)  Canal Section (City, town, or county)  Canal Section (City, town, or county)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JOHN 9, 1951	24 FUNERAB DIRECTOR ADDRESS
	7 7 77



(Day)

COUNTRY?

Days | Hours | Min.

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY?

(STATE)

DATE SIGNED

No 🗆

known since

12. CITIZEN OF WHAT

Months.

(Year)

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

1. PLACE OF DEATH	4. andel Co.	MARYLAND	2. USUAL RESIDENCE (F STATE Md.	IOME) OF DECEAS	SED. COUNTY	7	
CITY (If outside c OR give nearest TOWN	orporate limits, write RURA	L and LENGTH OF STAY (in this place)	10 1111	na P.O.	AL and giv	e nearest to	own)
HOSPITAL OR INSTITUTION OF STREET ADDRE		& Creek Rds.	STREET ADDRESS Carrol	(If rural, give l & Creek R			
3. NAME-OF DECEASED (Type or Print)	(First) WILLIAM	(Middle) HENRY	(Last) HATTO N	OF	Month)	(Day)	(Year) 19 51
s. sex male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Wldowed	8. DATE OF BIRTH Dec. 5, 1871	9. AGE last birthday	Mooths.	1 year II u Days II o	oder 24 hrs.
	ATION (Give kind of work corking life, even if retired)	10b. Kind of Business or Industry Railroad	Maryland	r foreign country)		COUNTRY?	OF WHAT
13. FATHER'S NAM			14. MOTHER'S MAIDEN	NAME			
George Ha			Mary Harris			P. 0	
(Yes, no, or unknown)	VER IN U.S. ARMED FORCES? (If year, give war or dates of service)	16. SOCIAL SECURITY No.	Mrs. Howard D		asadeni	a/ Md. Creek	Rds.
I. DISEASES OR CO	ONDITIONS DIRECTLY I	18. MEDICAL CE LEADING TO DEATH Coronan Arterio Seler	RTIFICATION	1		INTERVAL ONSET AN	BETWEEN DEATH
Immediat	e cause (a)	coronan	(promboso	3			*****
Anteceder	nt cause(s)	DT. Ol					
,	conditions, if any, (b)	blesso Scher	otic Card	v. Vases	ela		
stating the r	o the above cause underlying cause last			weses.	x		
Conditions contribu	ICANT CONDITIONS uting to the death but not use or condition causing death						•
19a. DATE OF OPE	RATION 19b. MAJOR F	INDINGS OF OPERATION				20. AUT	OPSY?
21. ACCIDENT SUICIDE	(Specify) PLAC	E (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN)	(COUNTY)	Yes   (STA	No X
HOMICIDE	INJU	RY					
OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CURT			
22. I hereby cert		V	195/, to Jan				
alive on SIGNATURE	9 , 19.5/, and	d that death occurred at (Degree or title)	ADDRESS from the	causes and on th	e date st	ated abov	e. SIGNED
alli	T Scagnett	h MD.	1729w. Lom			/	12/5,
23. BURIAL, CREM REMOVAL (Spec	ATION DATE			OCATION (City, too	wn, or count	у)	(State)
O DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24 FUNERAL DIRECTO	elener y Si	uro - (	ADDRE SALLO	Isma.
8 6			6	,70 3	506		





2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

I. PLACE OF DEAT COUNTY A. A		MARYLAND	2. USUAL RESIDENCE (	(HOME) OF DECEAS	COUNTY A. A.
CITY (If outside o	corporate limits, write RUR. t town) enland Beach				AL and give nearest town)
HOSPITAL OR INSTITUTION O STREET ADDRE	R A29 Creen	land Rd.	STREET ADDRESS 428 Gr	(If rural, give	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (8	Month) (Day) (Year)
DECEASED (Type or Print)	CATHERINE		HAUGHEY	OF DEATH	Jan. 21 19 51
female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	5/2/1861	89 yrs.	If under 1 year   If under 24 hrs.   Months   Days   Hours   Min.
done during most of when Housewife	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Maryland	or (oreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM		ac non-	1 14. MOTHER'S MAIDE	NAME	1
Eugene A.	Kaufman		Elizabeth Do	naldson	
15. WAS DECEASED E	VER IN U.S. ARMED FORCES	?   16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	Balto. 26, M
no, or unknown)	(If yes, give war or dates ( service)	no		. Haughey -	428 Greenland Rd.
		18. MEDICAL CE	RTIFICATION		7.
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
		00 1 0 4			
Immediat	e cause (a)	cerebral he	mage	\$ = 0000   = = = 0 = = = = = = = = = = =	30 muute
Antogodo	mt anusa(s)				
Diseases or	nt cause(s) conditions, if any, (b)	Hyperlauses	W.		Judefrute
siving rise t	to the above cause			4 * * * * * * * * * * * * * * * * * * *	***************************************
stating the	underlying cause last	anterioras lo	roses		undek it
TI OTHER STONIE	ICANT CONDITIONS	200000000000000000000000000000000000000			Judguille
Conditions contributed to the dises	uting to the death but not see or condition causing deat				
19a. DATE OF OPE	RATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR	TOWN)	COUNTY) (STATE)
TIME (Month) OF		INJURY OCCURRED While at Not While	HOW DID INJURY O	CCUR?	
INJURY	m.	Work At work			
22. I hereby cert	ify that I attended the	e deceased from	, 19.5.1., to Jame.	21, 1951, tha	t I last saw the deceased
alive on SIGNATURE	n. 21, 1921, an	d that death occurred at.	2:35 P.m., from the	e causes and on th	e date stated above.  DATE SIGNED
Raudall 1	M. Mc Laugh	lin, M.D.		P.O., Ma	
23. BURIAL, CREM REMOVAL (Spec Burial	TATION DATE THEREOUSLY)	NAME OF CEMETE		Balto.	
DATE REC'D BY		SIGNATURE	24. FUNERAL DIRECT		ADDRESS
REG.	n 5 1		Wm. J. Ju	Muer V Sa	15 / Dalland
		10	U		11100

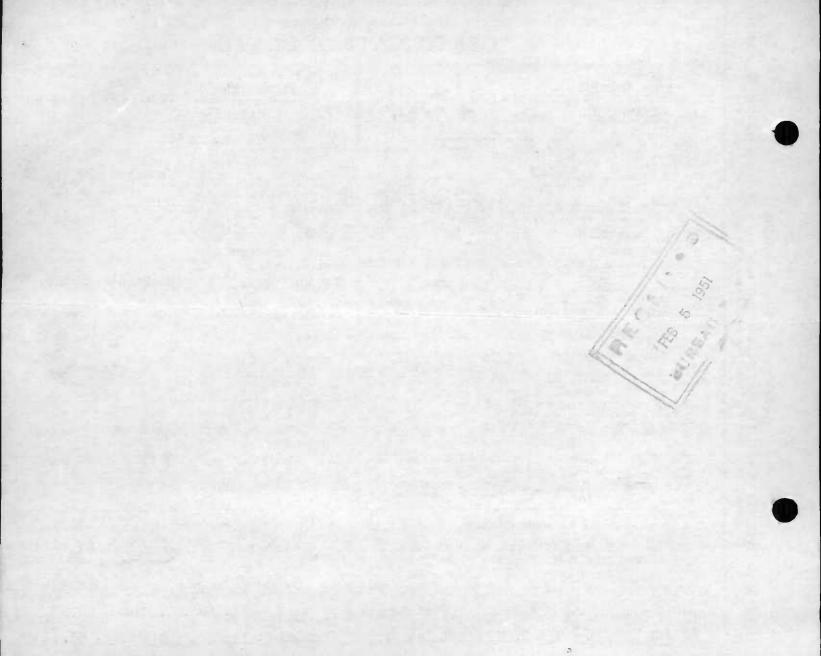
Evidence for change

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

of age shown on:	2411 N. Charles Street, Baltimore
THUNG O	CERTIFICATE OF DEATH
HMNO. G 130FEB 1	4 1051
1. PLACE OF DEATH.	II 2 TISHAL PESIDENCE (HOME

FILM No. G 1	30FFP 14 10	CERTIFICAT	E OF DEAT	Reg. Dist. N	o. 27
1. PLACE OF DEAT COUNTY Anne Ar	undel	MARYLAND	2. USUAL RESIDENCE ( STATE Pennsyl:	vania	
OR give nearest TOWNFORT	orporate limits, write RURA	L and LENGTH OF STAY (in this place) 2 Yrs	CITY (If outside corpor OR TOWN Pitt	rate limits, write RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRE		HOSPITAL	STREET ADDRESS 678	(If rural, give location) Lenora St	V
3. NAME OF DECEASED (Type or Print)	(First) IDELLA		(Last) HILL	4. DATE (Month) OF DEATH, January	(Day) (Year) 27 53
5. SEX Female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	July 25, 1909	yrs.	1 year   If under 24 hrs Days   Hours   Min.
done during most of v	ATION (Give kind of work corking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	West Virgin		2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NATURE Unknown			West Virgin 14. MOTHER'S MATDEN Unknown		
	VER IN U.S. ARMED FORCES? (If year, give war or dates of mervice)		17. INFORMANT AND Sgt Walter W.		t Meade, Md
Immediat Anteceder  Diseases or giving rise to stating the management of the stating	conditions, if any, (b) conditions, if any, (b) conditions, if any, (c) conderlying cause last (c)	URemia HyperTensio	300 - 100 -	scular disease	INTERVAL BETWEEN ONSET AND DEATH
	se or condition causing death RATION   19b. MAJOR F.	INDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	E (Home, farm, factory, street, office bldg., etc.)	(CITY OR	rown) (County	Yes No (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
alive on	ATION DATE ity) 30 Jan 51 LOCAL RECISTRAR'S	that death occurred at9.  (Degree or title)  NAME OF CEMETE:  Post Cemeta	MODRESS  RY OR CREMATORY I	OCATION (City, town, or count. Geo. G. Meade,	ty) (State)
29 Jan 51	PAUL W. M	ITCHELL 1st Lt.	Charles R. I.	aw Baltimore	Md.



VS. A15

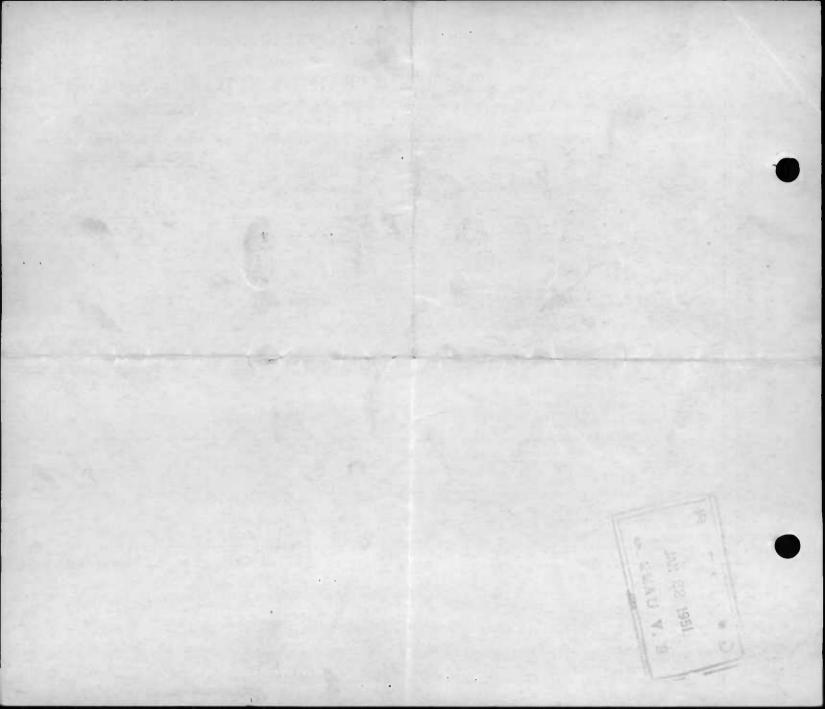
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

0120 18

	Anne Arunde	MARYLAND	STATE Maryland	COUN	TY Somerset
CITY (If outside co	orporate limits, write Ri	URAL and   LENGTH OF STAY	CITY (If outside corpora	te limits, write RURAL and	give nearest town)
OR givo nearest	town) Orownsvi	lle 10 mos. 8 da	II OD	m Princess Anne	-
HOSPITAL OR INSTITUTION OF STREET ADDRES	R SS Crownsville	State Hospital	STREET ADDRESS not kr	(If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) Hannah	(Middle)	Holbrook	4. DATE (Menth)/5	(Day) (Year)
female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED,	Kenot known 87	OJ ( . ) yrs.	er f year   If under 24 hrs.   Bays   Hours   Min.
done during most of w	ATION (Give kind of wo vorking life, even if retire T KNOWN	rk 10b. Kind of Business or Industry none	11. BIRTHPLACE (Stage or Maryland	foreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAM		Waters	14. MOTHER'S MAIDEN	NAME ,	
	Jefferson		10 miles	myria)	ternes
Yes, no, or unknown)	ver In U.S. Armed For (U.yea, give war, or day service)	CES? 16. SOCIAL SECURITY No.	Hospital Red	address cords	
		18. MEDICAL CE	RTIFICATION		1.
I. DISEASES OR CO	ONDITIONS DIRECTI	Y LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
13 Diseases or o	nt cause(s) conditions, if any, the above cause	Pulmonary Tube	erculosis		known since 3/10/50
stating the u					
	(c)				
Conditions contributed to the disease	(c) CANT CONDITIONS ting to the death hut no se or condition causing d	eath.	Ls .	kng	own since
Conditions contributed to the disease 19a. DATE OF OPE	(c) CANT CONDITIONS ting to the death hut no se or condition causing d	t Senile Psychosi R FINDINGS OF OPERATION		kng	3/7/50 20. AUTOPSY?
Conditions contributed to the disease of the contributed to the disease of the contributed to the disease of the contributed to the contributed to the contributed to the conditions of the contributed to	(c) CANT CONDITIONS uting to the death hut no se or condition causing of RATION 19b. MAJO: (Specify) P	R FINDINGS OF OPERATION  LACE (Home, farm, factory, street, foffice hidg., etc.)	none (CITY OR T		20. AUTOPSY? Yes No
Conditions contributed to the disease of the contributed to the disease of the contributed to the disease of the contributed to	CANT CONDITIONS ting to the death hut no see or condition causing of RATION 19b. MAJO  (Specify) P O O O O O	R FINDINGS OF OPERATION  LACE (Home, larm, factory, street, office hidg., etc.)	none (CITY OR TO none	OWN) (COUNT	20. AUTOPSY? Yes No
Conditions contributed to the disease of the contributed to the disease of the contributed to the disease of the contributed to the contributed to the contributed to the conditions of the contributed to	CANT CONDITIONS ting to the death hut no see or condition causing of RATION 19b. MAJO  (Specify) P O O O O O	LACE (Home, farm, factory, street, office hidg., etc.)  JURY  Not While at Not While	none (CITY OR T	OWN) (COUNT	20. AUTOPSY? Yes No
Conditions contributed to the disease 19a. DATE OF OPE 19	(c) CANT CONDITIONS Iting to the death hut no se or condition causing of RATION 19b. MAJO  (Specify) P ONE IN (Day) (Year) (Hour NONE m  ify that I attended 3/51 19, ATION DATE THE	R FINDINGS OF OPERATION  LACE (Home, larm, factory, street, office hidg., etc.)  JURY  NJURY  Not While at Not While At work the deceased from 3/7/50 and that death occurred at (Degree or title)  (Degree or title)	none  (CITY OR TO none  How DID INJURY OCC none  19, to 1/13/5.7 P.M. m., from the ADDRESS nsville, Md.	OWN) (COUNT TUR? 100 1, 19, that I last	yes No STATE)    Yes No STATE     Saw the deceased
Conditions contributed to the disease 19a. DATE OF OPE 19a. DATE OF OPE 19a. DATE OF OPE 19a. DATE OF INJURY 22. I hereby certialized on 19a. DATE OF 19a. DATE O	CANT CONDITIONS ting to the death but no see or condition causing of RATION 19b. MAJO:  (Specify) P O O O O O O O O O O O O O O O O O O	R FINDINGS OF OPERATION  LACE (Home, larm, factory, street, office hidg., etc.)  JURY  NJURY  Not While at Not While At work the deceased from 3/7/50 and that death occurred at (Degree or title)  (Degree or title)	none  (CITY OR TO none  How DID INJURY OCC none  19, to 1/13/5.7 P.M. m., from the ADDRESS nsville, Md.	OWN) (COUNT DE L, 19, that I last causes and on the date 1/2 OCATION (City, town, or continuous) Countries	yes No STATE)  saw the deceased stated above.  DATE SIGNED

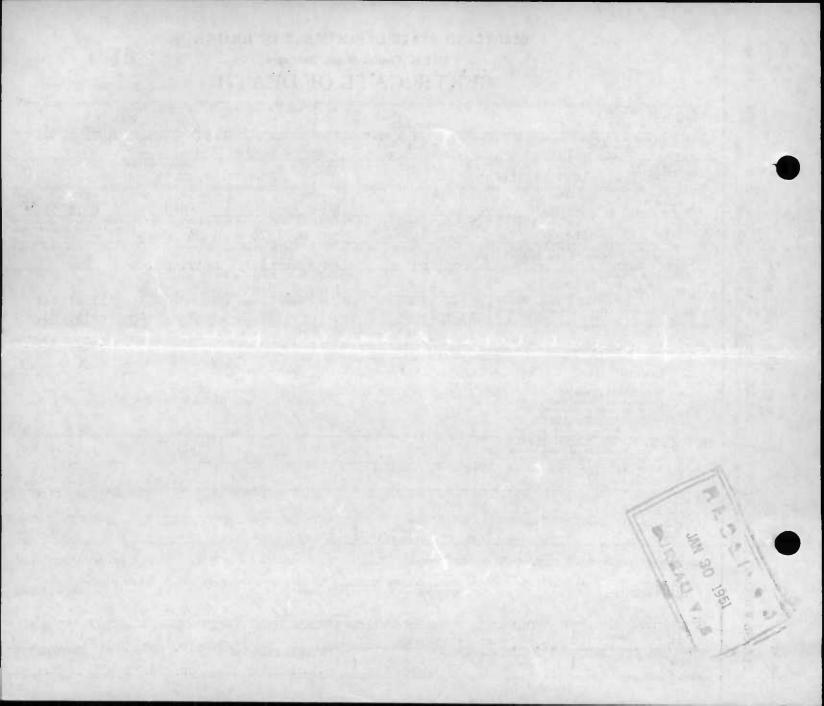


2411 N. Charles Street, Baltimore

(1121

## CERTIFICATE OF DEATH

1. PLACE OF DEATH.		2. USUAL RESIDENCE (		Phy	
Anne Arundel	MARYLAND	CITY (If outside corporate limits, write RURAL and give nearest town)			
CITY (If outside corporate limits, write RURAL s		CITY (If outside corpor	ate limits, write RURAL and	give nearest town)	
OR give nearest town) TOWN Annapolis	(in this place)	OR TOWN Parole		1.00-00-00-00-00-00-00-00-00-00-00-00-00-	
HOSPITAL OR	z uays	STREET	(If rural, give location)		
INSTITUTION OR 7/ U:77 Ctmand			olis, Maryland		
STREET REPERBES	C .	ll simap	orra, Maryland		
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)	
(Type or Print) ROBERT	М	HOPKINS	DEATH JANUARY	26, 1951 19	
5 SEY 16 COLOR OR PACE 17	SINGLE, MARRIED,	S. DATE OF BIRTH	9. AGE last birthday   If und	er I vest III under 24 hrs	
Male White W	VIDOWED, DIVORCED, (Specify) Widowed	Sept 8, 1876	monti	ns   Days   Hours   Min.	
	b. Kind of Business or	11. BIRTHPLACE (State		10 0	
done during most of working life, even if retired) In	DUSTRY			12. CITIZEN OF WHAT COUNTRY?	
Farm owner	Poultry	Anne Arundel	County, Md.	USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
James Hopkins o		Mary E. Hunt			
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   1	16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS 14 Hi	Il Street	
(Yes. no, or unknown) (If yes, give war or dates of service)	213-12-4695	Dr. Carville B.		oolis, Md.	
NO ISELVICO) NO 12			HOPKINS Annal	DOLLS, Mg.	
	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN	
I. DISEASES OR CONDITIONS DIRECTLY LEA	DING TO DEATH			ONSET AND DEATH	
	1 00.0	1 110	. 4	14 000	
Immediate cause (a)	cute Dilatal	an I will sea	N	Municipals.	
		Cardir-Va	2		
Antecedent cause(s)	Vous de Voustage	CANDIA (/G)	1 August / busses	) U1.	
Diseases or conditions, if any, giving rise to the above cause	VO	a mu-	The series		
stating the underlying cause last					
(c)					
II. OTHER SIGNIFICANT CONDITIONS		1			
Conditions contributing to the death but not related to the disease or condition causing death.		N/A		-	
19a. DATE OF OPERATION   19b. MAJOR FINI	DINGS OF OPERATION			20. AUTOPSY?	
TOU. DATE OF OTENTION TOU. MANOOR THAT	on or or branch			ZV. AUTOPSTI	
				Yes No No	
21. ACCIDENT (Specify) PLACE (OF of	(Home, farm, factory, street, fice bldg., etc.)	(CITY OR	rown) (COUNT	Y) (STATE)	
HOMICIDE INJURY	new oragin every				
	JURY OCCURRED	HOW DID INJURY OC	CUR?		
	alle at Not While				
INSURI III. 1 W					
	ork At work	1	,		
22 I hereby certify that I attended the de	1/11/	1 195 ( to 1/	26195   that I last	gow the decessal	
22. I hereby certify that I attended the de	1/11/	1951, to	26 195 that I last	saw the deceased	
. 12 / 1-1	eceased from 174	300			
alive on and the	1/11/	300	2 19.5 that I last causes and on the date	stated above.	
. 12 / 1-1	eceased from 174	. a. P. m., from the			
alive on and the	eceased from 174	. a. P. m., from the		stated above.	
alive on January, and the SIGNATURE CREMATION   DATE THEREOF	eceased from 174 hat death occurred at 4 (Degree of title)	MDRESS COLLEGE		stated above. DATE SIGNED	
alive on January, and the SIGNATURE CREMATION   DATE THEREOF	hat death occurred at (Degree of title)	ADDRESS CREMATORY	causes and on the date	stated above. DATE SIGNED (VI) (State)	
alive on and the SIGNATURE alive on and the SIGNATURE alive of the SIGNATURE and the SIGNATURE alive of the SIGNAT	hat death occurred at 4 (Degree of title)  NAME OF CEMETE  Edwards Cha	ADDRESS CREMATORY	causes and on the date	stated above. DATE SIGNED (VI) (State)	
alive on January, and the SIGNATURE CREMATION   DATE THEREOF	hat death occurred at 4 (Degree of title)  NAME OF CEMETE  Edwards Cha	ADDRESS  CHURCH RY OR CREMATORY  24. FUNERAL DIRECTO	causes and on the date  M.  OCATION (City, town, or con Parole, Marylar	stated above. DATE SIGNED (State) ADDRESS	
alive on, and the SIGNATURE, and the SIGNATURE	hat death occurred at 4 (Degree of title)  NAME OF CEMETE  Edwards Cha	ADDRESS CREMATORY	causes and on the date  M.  OCATION (City, town, or con Parole, Marylar	stated above. DATE SIGNED (VI) (State)	
alive on, and the signature, and the signature	hat death occurred at 4 (Degree of title)  NAME OF CEMETE  Edwards Cha	ADDRESS  CHURCH RY OR CREMATORY  24. FUNERAL DIRECTO	causes and on the date  M.  CATION (City, town, or con Parole, Marylan and Son Annapo	stated above. DATE SIGNED (VI) (State)  ADDRESS	



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

0122

	Reg. Dist. No	0
1. PLACE OF DEATH- COUNTY ME MARYLAND	2. USAN RESIDENCE (HOME) OF DECEASED COUNT	Y
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY OR give nearest town) (in this place)	CITY of outside corporate limits, write RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF DECEASED (First) (Middle) (Type or Print) MMMA AMMA	Howard 4. DATE (Month) OF DEATH (MONTH)	(Day) (Year)
SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	10n2, 1887 64 yrs. Months	Days   Hours   Min.
Jon. ESUAL OCCUPATION (Gife kind of work 1997 KMT) or MUSINESS OR CONTROL OF MUSINESS OR AND STATE OF MUSINESS OR AND STA	Saturnos 1119	COUNTRY?
15 WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	Clen Haller	0
(Yes, for or unknown) (If yes, give war or offices of service)	Tydia Vonnu, Sever	na Tork
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	/	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cerebrof the	works	Que wa
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		7
(c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u> </u>
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
SIGNATURE T. Li. de Pure do, 42.	1950, to January, 1951, that I last so 357 m, from the causes and on the date sta ADDRESS Armold, Mary lond	
BURIAL (CREMATION DATE THEREOF NAME OF CEMETER OF THE PROPERTY	coed Ten During	1 / / States
DATE RECO BY LOCAL REGISTRAR'S SIGNATURE REG. 1-12-51 (W Ledrich)	14 COLOR 1219 Ta	ABDRESS II
	31	2578

# 0123

CERT	IFICATE	OF	DEAT	H
FOR	MEDICAL E	XAM	INERS	

1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED-
COUNTY Usundel MARYLAND	maryland.
OR give nearest town) TOWN  CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN  CITY (If outside corporate limits, write RURAL and OR Give this place)  CITY (If outside corporate limits, write RURAL and OR Give this place)  CITY (If outside corporate limits, write RURAL and OR Give this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 195	STREET (If rural, give location) ADDRESS 2 3 7 - Kentford level.
3. NAME OF DECEASED (First) (Middle) (Type or Print)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH AW. // 190/
6. SEX COLOR OR RACE 7. SINGLE, MARNIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday   If under 1 year   If under 24 hrs.   Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign fountry)  12. CITIZEN OF WHAT COUNTRY S. 4.
13. FATHER'S NAME	Trung gree Kurlet.
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no, or unknown)   (If yes, give, war or dates of service)   (If yes, no, or unknown)   (If yes, no, or unkn	Tollie Sunston 1012 Rectandow.
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
8255 Immediate cause Incature	of shull sudden
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes 🗆 No 🗗
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING DO Office hidg. etc.) CAUSE OF DEATH. INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY / - // - (J) m. vork at work	HOW DID INJURY OCCUR? Autoridabile accident.
from: natural causes , accident , suicide , homicide , SIGNATURE (Degree or title) Sustave Natural Sustave Sus	ased died on the day stated above, and death in my opinion resulted undetermined  ADDRESS  DATE SIGNED  A. Helew Burnel, M.d
REMOVAL (Specify) 1/14/5/	RY OR CREMATORY LOCATION (Sity, town, or eounty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 1/3/6/	Mrs A. A. Alli off & Danghler
	9 11 1129 N. Caroline



# CERTIFICATE OF DEATH

0124

anopolis, md.

FOR MEDICAL	L EXAMINERS Reg. Dist. 1	No. 21
1. PLACE OF JEATH. Armele MARYLAND	2. USCAL RESIDENCE (HOME) OF DECEASED COUN	
OR give threat twen policy	CITY (if outside contrate limits, the RURAL and of TOWN	give nearest town)
HOSPITAL OR INSTITUTION OR A. A. General Hospital	STREET 80 Somewhat	
3. NAME OF DECEASED (First) (Middle) (Type or Print) VIRGINIA	JACKSON 4. DATE (Month) OF DEATH July	(Day) (Year 7. 195
6. COLOR OR RACE 7. SINCLE, MARRIED, WHOOVED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday Mand. Month Month	er i year   If under 24 h
done during most of working life two if tired)  10a. USUAL OCCUPATION (Give find of work done during most of working life two if tired)  10b. Kind of Business of North Company of the Com	11. BIRTHPLACE (State or foreign country)	Country?
13. FATHER'S NAME John Lee	14. MOTHER'S MAINEN NAME	0 400
15. WAS DECRASED EVER TO U.S. ARMED FORCES?   16. SOCIAL SECURITY No. (Yes, no, or unknown)   (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS TWITH, N	work. N. A
18. MEDICAL CE 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEE
Immediate cause (a) Fracture 5.3.	6 + 7 * cervical vertebras	15 days
819. 5 Antecedent cause(s) Diseases or conditions, if any, (b) Severes Spus	nal cord.	15 days
1700 giving rise to the above cause starting the underlying cause last (c) Quito acciden	uf	15 days ag
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		75-76
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY1
PRIMARY FOR CONTRIBUTING OF offer the delay street, OF offer the delay in Injury factory, street, Injury for the delay injury for the d	near Malch's from Journell P	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY OCC. 23 1450 m. work at work	Auto mobile Collection	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece	Autopsy , Inspection , Inquiry thereon and	d from the evidence
from: natural causes , accident , suicide , homicide , SIGNATURE (Degree or title)	undetermined	DATE SIGNEI
23. BURIAL CREMATION   DATE THEREOF   NAME OF CEMETE	Examoin Armapolis Md	1/8/51.
REMOVAL (Specify) 1-8-51 New ash	D. J. Dewarb	b. T.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

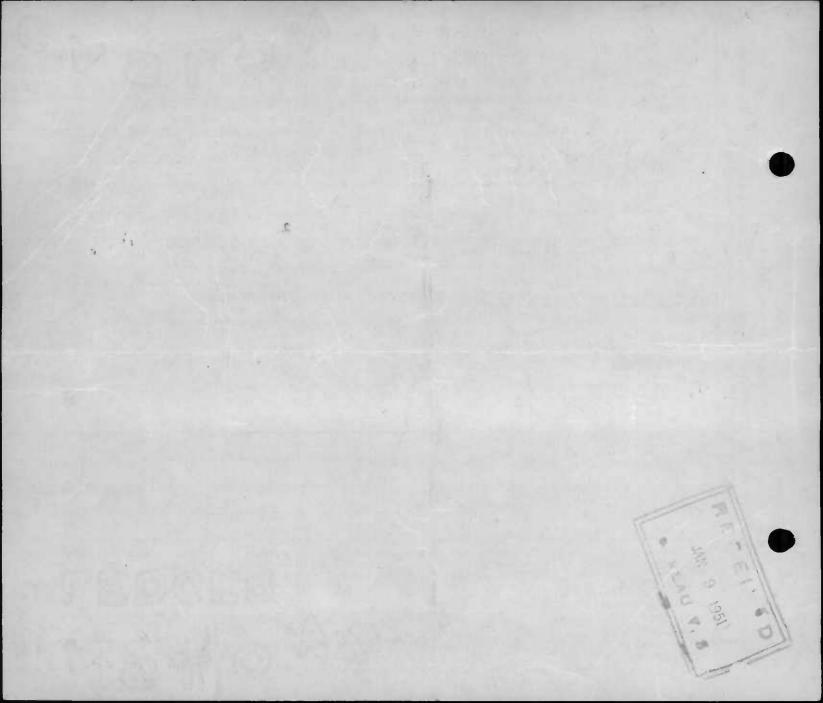
VS. A15A

age

The correct

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



The correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

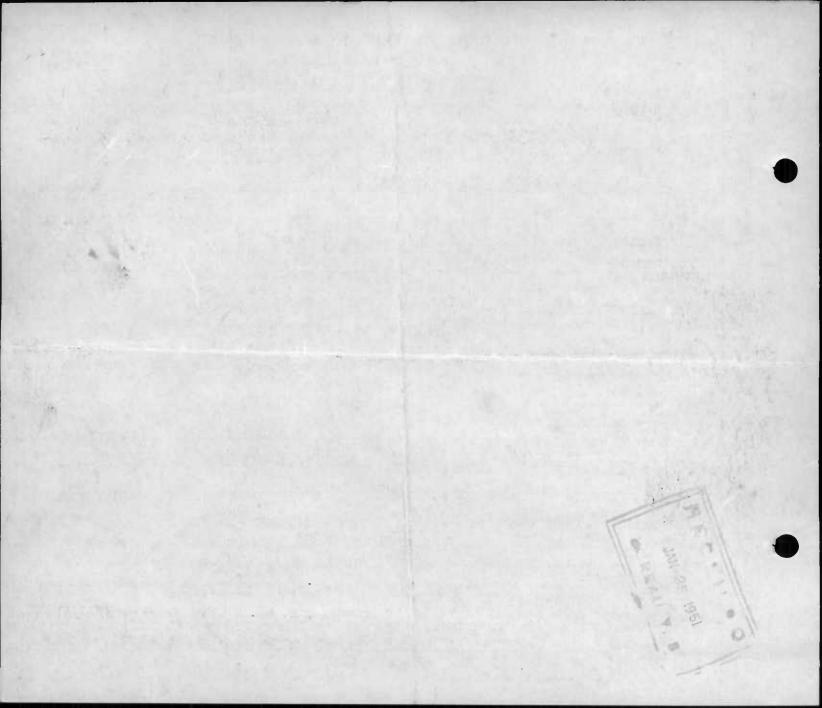
2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No.

0125

1. PLACE OF DEAT	H.		2. USUAL RESIDENCE (H	OME) OF DECEAS	
COUNTY	Anne Arundel	MARYLAND	STATE Marylan	d	COUNTY City
CITY (If outside o	orporate limits, write RUR	AL and   LENGTH OF STAY	CITY (If outside corpora	te limits, write RUR	AL and give nearest town)
OR givo nearest	town) Crownsvill	e (in this place) years	TOWN Baltimo:	re	
HOSPITAL OR INSTITUTION O	R	- 04-4- 1114-7	STREET ADDRESS	(If rural, give	ocation)
STREET ADDRE		e State Hospital	ll .		V
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (M	fonth) (Day) (Year)
(Type or Print)	Marie		Jobes	DEATH 1	./22/51. 19
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH _	9. AGE last birthday	Il under 1 year MIf under 24 hrs
female	colored	WIDOWED, DIVORCED, (Specify) not known	not known 7	63 yrs.	Months Days Hours Min.
18a IISHAL OCCUP	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or		1 12. CITIZEN OF WHAT
	working life, evon if retired)	INDUSTRY not known	Maryland		COUNTRY?
13. FATHER'S NAM	Œ		14. MOTHER'S MAIDEN		
	not k			known	
	VER IN U.S. ARMED FORCE:   (If yes, give war or dates	of 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
*****	LEQUICE HARACHER SANS	<del>Xkxxx</del> 1	Hospit	al Records	
		18. MEDICAL CE			
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
			-h7 II		,
Immediat	e cause (a)	Cere	ebral Hemorrhage	************************	known one week
331x Amenda			1		
Antecede	nt cause(s) conditions, if any, (b)		400		
66 giving rise t	o the above cause		**************************************		***************************************
830 stating the	inderlying cause last				
	(e)				
II. OTHER SIGNIF	ICANT CONDITIONS utlng to the death but not				known since
related to the diser	se or condition causing dea	th. Schizo	ohrenia, Simple	Type	1/30/25
19a. DATE OF OPE	RATION 196. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
none		none			Yes No
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN)	(COUNTY) (STATE)
SUICIDE HOMICIDE I		ury none	no	ne	
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OCC	UR?	
OF INJURY	none m.	While et Not While Work At work	none		
		1 - 1	- 1- 1-		
22. I hereby cert	ify that I attended th	e deceased from 10/13/.	41, 19, to.1/.22/.5	l, 19, that	I last saw the deceased
1/3	32/57	nd that death occurred at.	7:251		1.4-1.4-1.1
alive ob	2, 19, al	(Degree or title)	ADDRESS	causes and on th	DATE SIGNED
SIGNATURE	-A	20			
Sicol W	bugacista		ownsville, Md.		1/22/51
23. BURIAL, CREM REMOVAL (Spe	DATE THERE			OCATION City, to	wn or county) (State)
1 mora	/ / -	4/5 1911 Housely 911	LE PENERAL DIRECTOR	raine	2009 /149
DATE REC'D BY	LOCAL REGISTRAR'S	TIGNATURE ASS	THERAL DIRECTO	·	MAD ADDRESS D.
1/24/	51	10 There	I sances 4 Me	moley 51	8 14 state for
- / /-		3/1			14111111



2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

0126 Reg. Dist. No. 21

1. PLACE OF DEATH- COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF	Anne Arundel
CITY (If outside corporate limits, write RURAL and ) LENGTH OF STAY	CITY (If outside corporate limits, w	
OR give nearest town   (in this. place)	OR TOWN Annapolis	tice recreate and give nearest cown)
HOSPITAL OR INSTITUTION OR	ADDRESS	ral give location)
STREET ADDRESS 30n Lafayette Ave.	30 Lafayet	tte Ave.
8. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE OF	(Month) (Day) (Year)
(Type or Print) James T.	Johnson   DEAT	
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 9. AGE las	t birthday   If under 1 year   If under 24 hrs.   Months   Days   Hours   Min.
	11/29/10/01 /2	yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY.	Anne Arundel	ntry) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Steven Johnson	Margret Hall	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no, or unknown)   (If yes, give war or dates of	17. INFORMANT	
NO laervice) None	Thomas Harris	
18. MEDICAL CEI	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	/1	ONSET AND DEATH
( 0 10)	Mrs. O cardely	13 days
592 Immediate cause (a)		
Antecedent cause(s)	May VIII	/ hatte
Diseases or conditions, if any, giving rise to the above cause	The state of the s	1 11-13
stating the underlying cause last	V	18 dan
II. OTHER SIGNIFICANT CONDITIONS	0-,	10000
Conditions contributing to the death but not related to the disease or condition causing death.	Comero	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes 🗆 No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY  m. While at Not While Work Atwork	A	
22. I hereby certify that I attended the deceased from	1950 to Jan 5 195	that I last saw the deceased
1 1 1 2	D	
alive on 192, 193, and that death occurred at	ADDRESS and	d on the date stated above.  DATE SIGNED
	1111XX	O INTE
MIL MEN and DO	Vm of the	1 120 137
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE: REMOVAL (Specify) 1/22/1051 Asbury Cem	and the second	(City, town, or county) (State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 22, 1951	Mrs. Chas. E. Hicks &	Son 45 Northwest St.
		7712916
V		// // //

VS. A15

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VS. A15

Evidence for addition in #21 shown on:

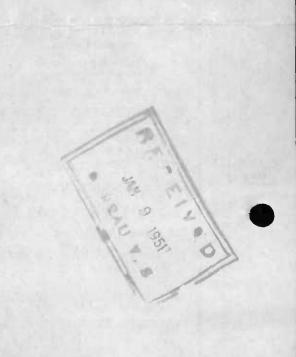
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0127

CHANDO. G	130.IAN	16	1955 ERTIFICATE OF DEATH	
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1. PLACE OF DEATH Q. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- COUNTY	00.
CITY (If outside curporate limits, write RURAL and OR give narregicoun)  TOWN  LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
HOSPITAL OR INSTITUTION OR O. C. Co General	STREET (If rural, give location)	
3. NAME OF DECEASED (Middle) (Type or Print) William Caward	(Last) 4. DATE (Month) OF DEATH	(Day) (Year) 5 1957
5. SEX 6. COLOR OR RACE 7. SHNOLE, MARKIED, WIDOWED, DIVORCED, (Specify)	1 - yra.	Days   If under 24 hrs. Days   Hours   Min.
10a. USUAL OCCUPATION (Give kine of work done therein must alworking life, even (Letting) Kind of Business or Exploration (Give kine) Court of Cour	11. HOUTHELACE (State or foreign country) 12	CITIZEN OF WHAT
William E. When	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORMS? (Yes, no, or unknown) (If yes, give war or days of ervice)	HIS Margaret Kleeman	Ball my
18. MEDICAL CE	RTIFICATION //	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) artenior des ort	Li la ch's vas cul an dissens	10m
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	(nech)	20. AUTOPSY? Yes No S
21 ACCIDENT Was (Specify) 10 / PLACE Home farm, factory, street, office bldg., etc.) HOMICIDE on tributory (INJURY)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY OCCURRED Work At Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/72	, 1950, to 1/5 , 1957 , that I last se	w the deceased
alive on, 157, and that death occurred at SIGNATURE: (Degree or title)	6 A.m., from the causes and on the date sta	ated above. DATE SIGNED
23. BURIAL OBJECTION   DATE THEREOF   NAME OF CEMETER	RY OR CREMATORY   LOCATION (City, town, or count	1/6157
REMOVAL (Specify) 1-8-51 Redar	3luff Jams Bolis	md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE TOWN. 8, 1951	John M. Jayler. for On	ADDRESS
10	9,0126	med.



Evidence for addition in #18 shown on:

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0128

CERTIFICAT	E OF DEATH Reg. Dist. No.
MARINO. G. 130 JAN 18 1954	200 1000
1. PLACE OF DEATH- COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.
CITY (If outside co-porate limits, write RURAL and   LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS CHILARINE HOLD.	STREET (If rural, give location)
3. NAME OF DECEASED (Type or Print) Puth JONES	(Last) 4. DATE (Month) (Day) (Year) OF DEATH 195/
FMale 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH 9. AGE last hirthday If under I year Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country), 12. CITIZEN OF WHAT COUNTRY)
PINKNEY LOAMBIE	Mach Tha
15. WAS DECRASED EVEN IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, ng. or unknown) (II yes, give war or dates of leervice)	Carrie Butter - Eltridge Md.
18. MEDICAL CEI	RIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a)	nary ederia
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	mo Hosis Wede green,
(c) On basis of histo	ory - hallendal degeneration of
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	promyomata uteri (1/18/51 akc) 204 years
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 28	, 19.57, to, 19.57, that I last saw the deceased
alive on, 19.5, and that death occurred at, (Degree or title)	MD-69 Fronklin - Omapole -16/5
23. BURIAL, CREMATION DATE THEREOF NAME OF CENETER REMOVAL (Specify)  DATE RECO BY LOCAL   REGISTRAR'S SIGNATURE	Y OR CHEMATORY LOGATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 8 51 REGISTRAR'S SIGNATURE	Me, Natu. (I. W. lliam) Schools St.

VI

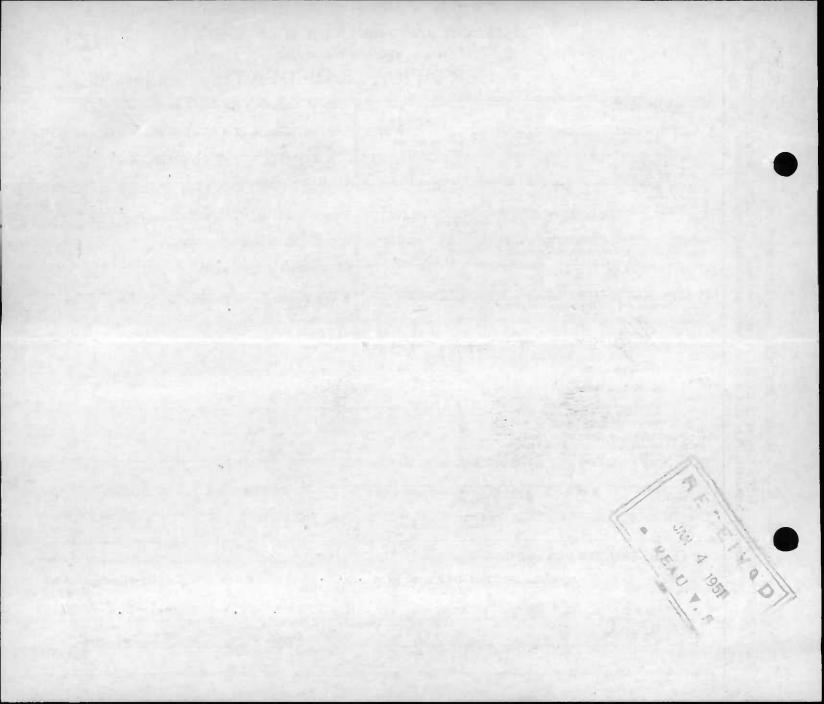
### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles Street, Baltimore

0129

# **CERTIFICATE OF DEATH**

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Anne Arundel MARYLAND	Maryland Anne A	rundel
CITY (If outside corporate limits, write RURAL and I LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	ve nearest town)
TOWN Severna Park 3 months	Town Gree Haven, Pasadena, P	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cedar Crest Nursing Home	STREET ADDRESS Outing Ave.	
3. NAME OF (First) (Middle)	Last) 4. DATE (Month) OF DEATH Jan 3	(Day) (Year) -1951 19
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under Months.	
Male White (Specify) and Owed  1ea. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)   12	COUNTRY?
12. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	•
3	?	
15. Was DECRASED EVER IN U.S. ARMED FORCES! (Yes, no, or unknown) (If year, give war or dates of service)	redar reston apples, Severna	Park, Md.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Deneral Arterio  Immediate cause (a)		INTERVAL BETWEEN ONSET AND DEATH
450.0 Antecedent cause(s) Senility	All for come 1 to copy of the	?
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.   Work   At work	HOW DID INJURY OCCUR?	
	0, 19 1/3/50 , 19 , that I last s	aw the deceased
alive on 12/31/50, 19 , and that death occurred at 7 (Degree or title)	ADDRESS	ated above. DATE SIGNED
	en Burnie, Md. Jan.3-	
REMOVAL (Specify) Lase 6,5/ Lacidor	RY OR CREMATORY LOCATION (City, town, or count	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR Bal	ADDRESS Sul
	516	2916



2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

1. PLACE OF DEATH-			2. USUAL RESIDENCE (HOME) OF DECEASED.				
COUNTY Anne Arundel MARYLAND			STATE Maryland Anne Arundel				
OR give pearent TOWN Anne	corporate limits, write RUR.	AL and LENGTH OF STAY (in this place)	OR TOWN RURAL -			nearest to	wn)
HOSPITAL OR			STREET	/II minel crime le	/ maltan		
INSTITUTION O STREET ADDRE	SS U.S. Naval Ho	spital	Curtis Bay Po	st Office, Ma	arylan	d	
3. NAME OF DECEASED	(First)	(Middle)	(Last)	1 4. DATE (Mc	onth)	(Day)	(Year)
(Type or Print)	Charles	Hubert	KING Sr.	OF DEATH 1		30	19 51
Male	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MATTIED	8. DATE OF BIRTH 11-23-1878	9. AGE last birthday   172 yrs.	If under 1 Months	year If us Days Ho	nder 24 hre
10a. USUAL OCCUP	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR	North Caroli	or foreign country)	12. C	CITIZEN OUNTRY?	USA
13. FATHER'S NAM		None None	14. MOTHER'S MAIDEN				USA
Rufus		/	MINIMINOMIN				
15. WAS DECRASED E (Yearno, or unknown)	VER IN U.S. ARMED FORCES (If yes, give non-order of dates of service)	1 16. SOCIAL SECURITY No. 218-14-5757	Hospital Rec	ADDRESS Cords			
		18. MEDICAL CE	RTIFICATION		1		
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH					BETWEEN DEATH
33/x Immediat	e cause (a)_C	EREBRAL HEMORRHAG	E #331		*********	4 day	78
Anteceder	nt cause(s)	SSENTIAL BENIGN H	YPERTENSION	<b>#440</b>		Yes	ars
giving rise t	o the above cause anderlying cause last		***** *********************************	* 007 900 1 100 117 7 7 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		T 7 m2 Sm est 1 1 0-0000	
	(e)						
Conditions contribu	ICANT CONDITIONS uting to the death but not use or condition causing deat	h					
		INDINGS OF OPERATION			1	20. AUT	OPSY?
21. ACCIDENT SUICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	OWN) (C	OUNTY)	Yes (STA	
HOMICIDE TIME (Month)		INJURY OCCURRED	I HOW DID INJURY OC	CUR?			
OF INJURY	m.	While at Not While Work At work					
22. I hereby cert	ify that I attended the	deceased from 1-16-	, 19. 51, to 1-30	, 19.51, that	I last sa	w the de	ceased
alive on1	-30- , 19.51, an	d that death occurred at.1	2:20 Pom., from the	causes and on the	date sta	ted abov	e.
S. J. m	Dolph:	ITJG.MCR.USNR	U.S.Naval Hosp	ital Annapol:	is.Md.		0~51
23/ BURIAL, CREM (REMOVAL (Spec	eify) V	NAME OF CEMETE		LOCATION (City, town			(State)
DATE REC'D BY	1 1/2/51	SIGNATURE Ralto. Na	tional	Raltimora, M	d	ADDRE	SS
REG. /3, /9	51 120	( reach	12/m. Jucs	ener & for	0-16	alto.	md.
/ /		Dh-		100	-1 -		

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# **CERTIFICATE OF DEATH**

0131

1. PLACE OF DEAT	u.		2. USUAL RESIDENCE (H	OME OF DECEMBED.	
	e Arundel	MARYLAND	STATE Virgin	nia COUNT	Y Accomack.
OR give nearest TOWN	t town) Bar Harbor	L and   LENGTH OF STAY (ing this place)	CITY (If outside corpora OR TOWN ACCOMA	te limits, write RURAL and g	ive nearest town)
HOSPITAL OR INSTITUTION O STREET ADDRE			STREET ADDRESS	(If rural, give location)	
3. NAME OF	(First)	(Middle)	(Last)	1 4. DATE (Month)	(Day) (Year)
(Type or Print)	VERNETTA	SUSAN	LEWIS	OF DEATH Jan.	16, 1951,
Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Larried	8. DATE OF BIRTH Dec. 24, 1875	9. AGE last birthday If under Months	Days   Hours   Min.
done during most of	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Accomac, Vir	foreign country) 1 ginia	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	Æ		14. MOTHER'S MAIDEN	NAME	
	Wesley T. Mel	son	Sally Mar:	ia Shrieves	
15. WAS DECRASED E (Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If year, give war or dates of gervice)	16. SOCIAL SECURITY NO.	Mrs, Lloyd H. Br	ADDRESS itt 5527 Gwynn (	Ook Ave.
	) service)		, , ,	Rallimo	no Mary and
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  II. MEDICAL CERTIFICATION  INTERVAL BETWOODS  ONSET AND DES  LA L			INTERVAL BETWEEN ONSET AND DEATH	
XCFF		//			
Antecede	nt cause(s)	1.1- 0-	1 1	1 10-	1
93 Diseases or	conditions, if any, (b)	assens relevot	is landio 1/	ascular Heras	1 week
	to the above cause underlying cause last				···
Conditions contrib	ICANT CONDITIONS uting to the death but not ase or condition causing deat	h.		*	
19a. DATE OF OPE	RATION   19b. MAJOR P	INDINGS OF OPERATION			20. AUTOPSY?
					Yes No No
21. ACCIDENT SUICIDE HOMICIDE	(Specify)   PLAC OF INJU	CE (Home, farm, factory, street, office bldg., etc.) RY	(CITY OR TO	OWN) (COUNTY	
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OCC	UR?	
OF INJURY	m.	While at Not While Work At work			
	1	deceased from			
alive on/	// e, 195/, an	d that death occurred at (Degree or title)	ADDRESS ADDRESS	causes and on the date st	tated above. DATE SIGNED
9.6	Brady Ann	ca mile.	Junera Bear	4, md.	7/16/51
23. BURIAL, CREM REMOVAL (Spec	Jan. 19, 1	951 Edgehill	Cemetery   LC	Accomac, Birgin	
DATE RECTO BY REG.	LOCAL REGISTRAR'S	SIGNATURE /Kdush	24. FUNERAL DIRECTOR	and Baltims	ADDRESS
-111		13			7 - 107

690588

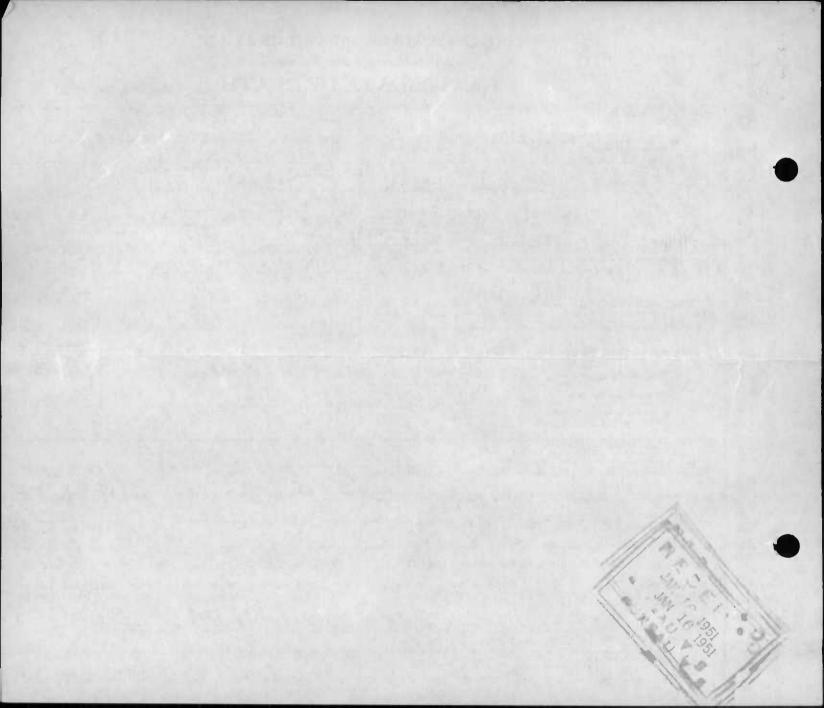
## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICAT	E OF DEATH Reg	. Dist. No.
1. PLACE OF DEATH- COUNTY AND F. ( MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASE STATE MARY LAND	SED. COUNTY A A
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)	CITY (II outside corporate limits, write RUF OR TOWN HUNA DOGS MAR	RAL and give nearest town)
HOSPITAL OR HISTITUTION OR STREET ADDRESS PLUE ARUNDEL GENERAL	ADDRESS 33 MARY LAND	
3. NAME OF DECEASED (First) (Middle) (Mype or Print) WILLIAM AUDREW	LINTON JEATH TO	Month) (Day) (Year)
6. COLOR OR RACE 7. SINCH, MARRIED, WIDOWED, DIVORCED, (Specify) ORRIED, (Specify) ORRIED, OR USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	Auc-AST 15. 1904 To yra	y   If under 1 year   If under 24 hrs.   Montha   Days   Hours   Min.
DRIVER GAS + ELECTRIC CO. LAS - ELECTRIC CO.	A. BIRTHPLAGE (State or foreign country)  HUNADOLIS MARVLAND	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME BOBERT LINTON	HILDER ROGERS	
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or whown) (If yes, give war or dates of 2/2-05-5892	TUNA SCALA LINTON.	AUNAPOLIS MD.
i. diseases or conditions directly leading to death	meblitis belateral	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause  592 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)	ular nephrutes bilateral	pe 2 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED  OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sec. 31,	, 1950, to Jany 9, 1951, tha	t I last saw the deceased
signatus: 9, 1951, and that death occurred at	ADDRESS Man from the causes and on the	e date stated above. DATE SIGNED
EN BURIAL, CRIMATION DATE THEREOF NAME OF CEMETE	POCES MUNICALA.  RY OR CREMATORY   LOCATION (City, to)	//1/5/. Wn, or county) (State)
DATE REC'D BY LOCAL REGISTRADES SIGNATURE	24 FUNERAL DIRECTOR	Hp.
French 12, 1951 Was French	WOHN M. TAYLOR + SON	ANNAPOLIS MO.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

0133

I. PLACE OF DEATH. COUNTY HNNE ARVIVEL MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	// . // .
OR give nearly town to the RUKAL and LENGTH OF STAY (In this class)	CITY (II outside exporate finits, write RURAL and gly OR TOWN TR NOWT	nearest town)
HOSPITAL OR INSTITUTION OR A. A. General Hospital	STREET ADDRESS SHORE HOR	ES (RURAL)
3. NAME OF DECEASED (First) (Middle) (Type or Print) (Fig. 1)	LONG OF DEATH JAN.	(Day) (Year) 5 1957
5. SEX Cuale 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	2 DATE OF BIRTH 9. AGE last birthday If under Months	l year   If under 24 hrs   Days   Hours   Min.
dong the rest of parking life, even if retired 10b. Kind of Business on the done the retired 10b. Kind of Business on the done the retired 10b. Kind of Business on the done the retired 10b. Kind of Business on the retired 10b. Kind of Business of Business on the retired 10b. Kind of Business of Business on the Retired 10b. Kind of Business of Busin		COUNTRY?
13. FATHER'S NAME & thm Long.	14. MOTHER'S MAIDEN NAME Eligabet	4 Wise
15. WAS DECRASED EARL IN U.S. ARMED FORCES? (Yes. 100) or unknown) Al yes, give war or dates of none	Rufph 6. Powell 1233 Obilla	lele ave
18. MEDICAL CE	RTIFICATION (Salto, 6 mg	1.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	~	INTERVAL BETWEEN ONSET AND DEATH
(B. to )	Ninodati - DHOOLL	01111
Immediate cause (a) Clerke X	Heaven of rear	Maan
(499)	ga i'a.	1,
Diseases or conditions, if any, (b)	Myocardity	unknown
giving rise to the above cause		
930 stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not		
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes 🗆 No 🔀
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bldg., etc.) (AUSE OF DEATH. INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while	HOW DID INJURY OCCUR?	
OF While at Not while INJURY m. work at work		
22. Lecrify that I took charge of the remains described above, held an A btained by said Autopsy, Inspection or Inquiry, find that said decer from an atural causes accident, suicide, homicide, homicide, signature  Signature  23. Burial. Cremation Date Thereof Name of Cemete Removal (Succify)  Date rep by Local Registrar's signature  REG. S. Carmel	ased died on the dry stated above, and death in my undetermined ADDRESS Aunapoles Md	DATE SIGNED . 1/5/51
	1.	77.1876
	/ //	12.000

The correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

0134

	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	
COUNTY Anne Arundal MARYLAND	Washington D.C.	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN FURTHER TOWN TOWN FURTHER TOWN TOWN FURTHER TOWN TOWN FURTHER TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	CITY (If outside corporate limits, write RURAL and give to OR TOWN Washman Am DaC.	nearest town)
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS Defent Training School	ADDRESS 4429 Harrison St. N.	W.
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (	(Day) (Year)
(Type or Print) Karen Regina	Mooney DEATH Jon 1	4 1951
5. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)  5. Markied, Single, Markied, Sin	8. DATE OF BIRTH Out 4,/148  9. AGE last birthday   If under 1   Months.   D	year   If under 24 hrs. Bays   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY 2007	District of Columbia	UNTRY? 45 A.
13. FATHER'S NAME W. Holmes	14. MOTHER'S MAIDEN NAME Caroline Mooney	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If year, give war or dates of service)	mother. 4429 HarrisonSt A	Vil D.C
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause (a) erefuel		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	Depth o 19 000000 non confirma ( ) 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		00 00 000 have never mess magge delice to a consequence of the
(c)		wd wd wn awaa a a a a a a a a a a a a a a a a
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  **Menutal**	deficiency - moron	0.0-
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		Uld R.
		20. AUTOPSY?
		0
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		Yes No (STATE)
SUICIDE OF office bldg., etc.) IIOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED		Yes No No
SUICIDE OF office bldg., etc.) IIOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	Yes No No
SUICIDE   OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED OF   While at Not While	(CITY OR TOWN) (COUNTY)  HOW DID INJURY OCCUR?	Yes No (STATE)
SUICIDE Office bldg., etc.)  INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  Mork At work	(CITY OR TOWN) (COUNTY)  HOW DID INJURY OCCUR?  17, 1950, to Jan 14, 1951, that I last saw 1141, m., from the causes and on the date state	Yes No (STATE)
SUICIDE   OF office bldg., etc.)  INJURY   INJURY OCCURRED   While at   Not While    INJURY   Work   At work    22. I hereby certify that I attended the deceased from   At work    alive on   An   4   19   19   19   19   19    A Alston   MA   District   Congression   Alston   MA   District	(CITY OR TOWN) (COUNTY)  HOW DID INJURY OCCUR?  7, 1950, to Jan 14, 1951, that I last saw  ADDRESS  January School Laurel Ma	Yes No (STATE)  The deceased ed above.
SUICIDE   OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED While at Not While INJURY   Not While At work    22. I hereby certify that I attended the deceased from land of the sign of the state of the sign of the state of the sign of	(CITY OR TOWN) (COUNTY)  HOW DID INJURY OCCUR?  7, 1950, to Jan 14, 1951, that I last saw ADDRESS	Yes No (STATE)  The deceased ed above.
SUICIDE   OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED While at Not While INJURY   Not While At work    22. I hereby certify that I attended the deceased from large of the suice of th	(CITY OR TOWN) (COUNTY)  HOW DID INJURY OCCUR?  7, 1950, to Jan 14, 1951, that I last saw ADDRESS ADDRESS  LILLINIAG School Laurel Machine Gry OR CREMATORY LOCATION (City, town, or county)  Mich Stowned Same Samuel Co	Yes No (STATE)  The deceased ed above. DATE SIGNED
SUICIDE   OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED While at Not While INJURY   Not While At work    22. I hereby certify that I attended the deceased from land of the sign of the state of the sign of the state of the sign of	(CITY OR TOWN) (COUNTY)  HOW DID INJURY OCCUR?  7, 1950, to Jan 14, 1951, that I last saw ADDRESS ADDRESS  LILLINIAG School Laurel Machine Gry OR CREMATORY LOCATION (City, town, or county)  Mich Stowned Same Samuel Co	Yes No (STATE)  The deceased ed above. DATE SIGNED  (State)

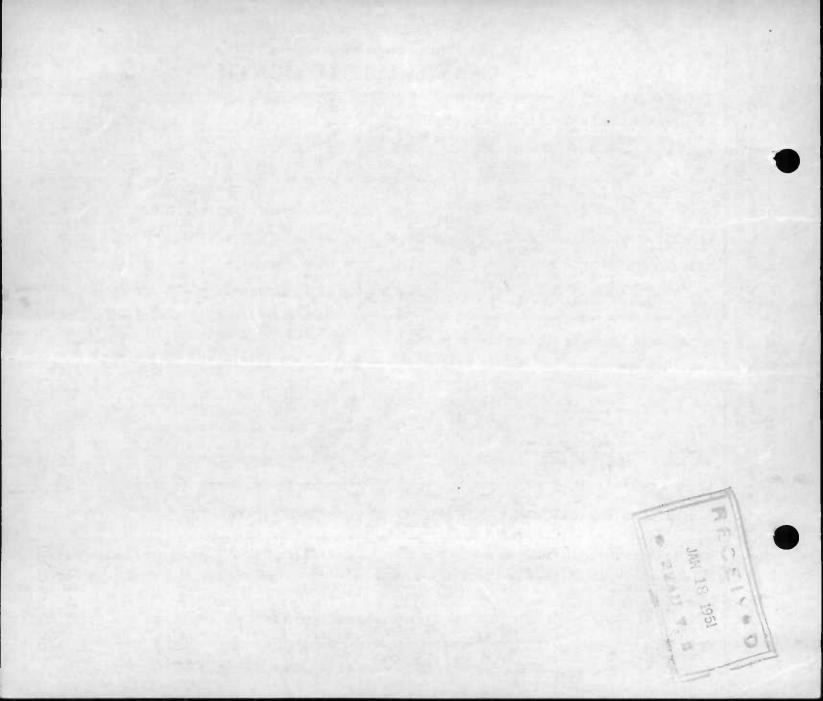


2411 N. Charles Street, Baltimore

0135

# CERTIFICATE OF DEATH

I. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
Anne Arundel MARYLAND	Mary Land Anne Arundel
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN  LUX 2 - Severy	CITY (If odtside corporate limits, write RURAL and give nearest town) OR TOWN Rure / Millerquille
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS	ADDRESS
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
(Type or Print) E/va Repecca Pum	phrey DEATH Jon 14 1958
E COLOR OR RACE 17 SINGLE MARRIED	8. DATE OF BIRTH   9. AGE last birthday   If under 1 year   If under 24 hrs.
Female white WIDOWED, DIVORCED, (Specify) Married	Nov 23 1880 70 yrs. Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Maryland Country? U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Franklyn	Ida Snyder.
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY No. (Yes, no, or unknown)   (If year, give war or dates of	17. INFORMANT AND ADDRESS
HA Bervice) 700 4.	Husband Charles Pumphrey - Millagrille
18. MEDICAL CER	RTIFICATION · · · INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Immediate cause (a) Corebral Thromb	posis 9 Months.
260x Immediate cause (a) Level 1 / 12 in Miles	
Antecedent Cadocia)	
( Diseases or conditions, if any, (b) Arterio Sclerotic	Heart Dismage
giving rise to the above cause stating the underlying cause last (c) Did he do Mellitus	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	1 20. AUTOPSY?
ISS DITTE OF CENTER OF SERVICE OF	
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY). (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY). (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	NOW DID INJURY OCCUR?
INJURY m. Work At work	
22. I hereby certify that I attended the deceased from Mar-	, 19.5.0, to Jam 14, 195.1., that I last saw the deceased
alive on Jam 14, 1950, and that death occurred at	3:10 P m. from the causes and on the date stated shows
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Pl. 19 Ohn it man	6. 1.11. M1
23. BURIAL, CREMATION   DATE   NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (Specify)	HILL BROOKLYN, R.F.D. MD.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR ADDRESS
REG. //12/51 Z. Apralla	R. V. Links
	The man and the



2411 N. Charles Street, Baltimore

## CEDTIFICATE OF DEATH

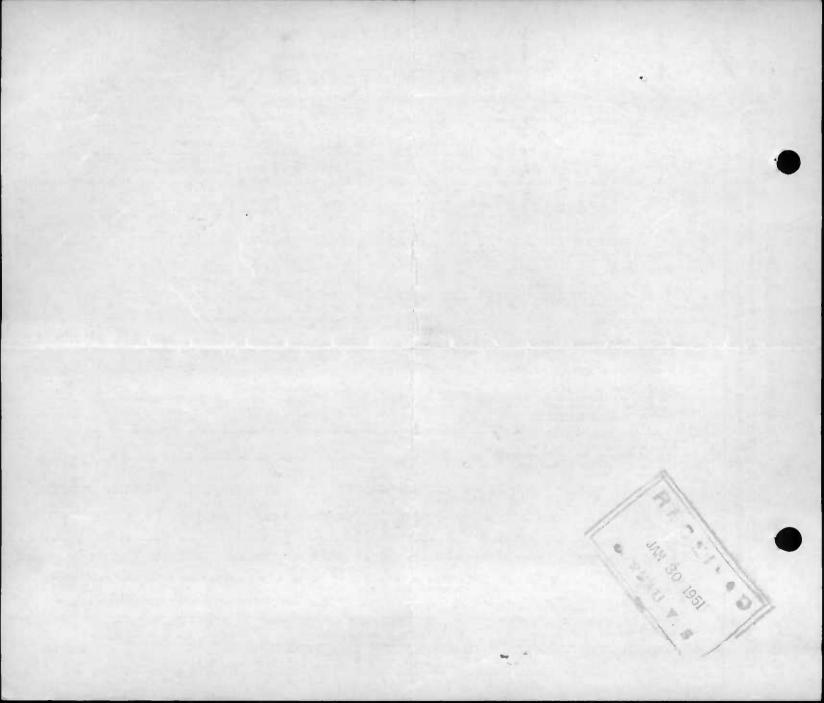
CERTIFICAT	E OF DEATH Reg. Dist. No	. = -1
1. PLACE OF DEATH- COUNTY and armolel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.  STATE Klu Jurne, COUNTY	a. a. a
CITY (If outside corporate limits, write RURAL and OR give nearest town)  CITY (If outside corporate limits, write RURAL and OR give nearest town)  CITY (If outside corporate limits, write RURAL and OR give nearest town)	CITY (II outside corporate limits, write RURAL and giv	re nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 204 and History.	STREET ADDRESS 204 Que (If rural, rive location)	
3. NAME OF (First) (Middle) DECEASED (Type or Print) Frank, Southern	Revect W 4. DATE (Month) OF DEATH	(Day) (Year) 27 1957
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	may 1, 1893 87 yrs. Months	
done during most of working life, even if retired)  Author (Court of Working life, even if retired)  Author (Court of Working life, even if retired)	a.a. co -	COUNTRY? US
13. FATHER'S NAME Frank S. Revell. Su	14. MOTHER'S MAIDEN NAME May 7 Chang.	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (II yes, give war or dates of service) NONE,	17. INFORMANT AND ADDRESS  Mrs. Frank & Revell.	
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
Coruman	y Thombors	1/2 law.
Immediate cause (a)	J	12
Antecedent cause(s)  Condio. Vanc	1. Arange	1000
		7
93 d giving rise to the above cause atting the underlying cause last		
(c)		1
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes 🗆 No 🕏
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	10 50 to lean 27 10 5/ that I lead a	ow the deceased
22. I hereby certify that I attended the deceased from	, 15, to, 15, that I last s	aw the deceased
alive on 27, 19.7, and that death occurred at	7 - Q.m., from the causes and on the date st	ated above.
SIGNATORII		1
same o. reserving		pm 27 1951
BURIAL (Specify) JAN. 29, 1951 CEDAR		RAL) MD
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG/27/6	Thomas W Bengleton Glew Be	address umie Md.
	2.90 24	6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

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VS. A15



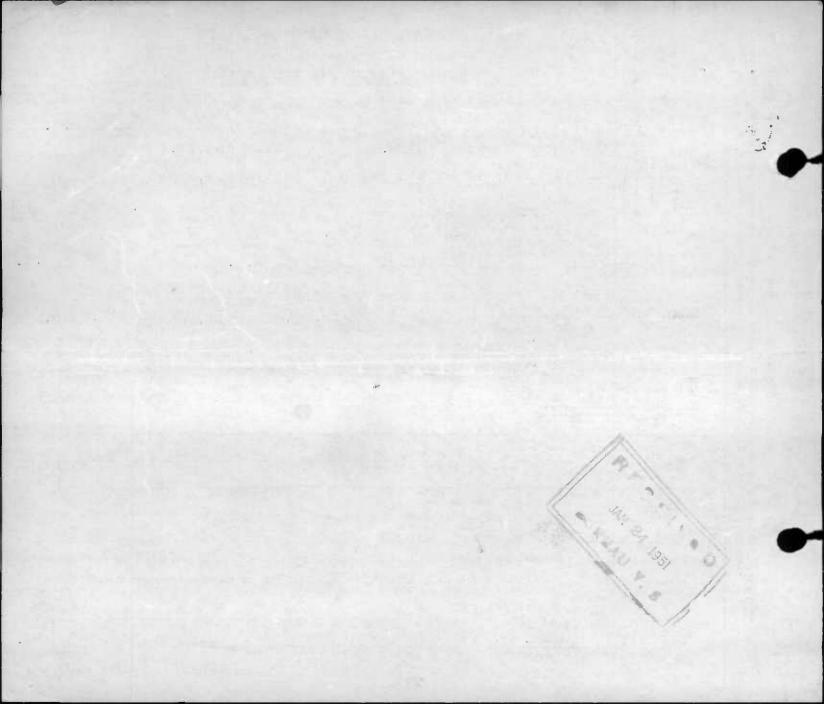
2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATI	4.		2. USUAL RESIDENCE	(HOME) OF DECI		
COUNTY Anne	e Arundel	MARYLAND	STATE Marvl	and	COUNTY	Α. Δ
CITY (If outside co	orporate limits, write RUR.	AL and   LENGTH OF STAY	CITY (If outside corpo		URAL and giv	e nearest town)
OR give nearest TOWN	towPasadena(R	ural) (in Otrs.)	TOWN Pasa	dena, Md.	(Rural)	
HOSPITAL OR			STREET	(If rural, g	ve location)	
INSTITUTION OF	ss Solly Road	, Powhatten Bea	ch <sup>addres</sup> Solly	Road, Powl	natten	Beach
3. NAME OF	(First)	(Middle)	(Last)	4. DATE	(Month)	(Day) (Year)
(Type or Print)	Henry	Alexandar	Roundy	OF DEATH	Jan.	20 1951/19/70
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birth		I year   If under 24 hrs.
Male	White	WIDOWED, DIVORCED (Specify) MAITIE	Aug. 20, 1879	71	yrs. Months	Days Hours Min.
10a. USUAL OCCUP.	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)		CITIZEN OF WHAT
done during most of w	orking life, even if retired)	Industrial	Raleigh. N.	C.		COUNTRY? U.S.
13. FATHER'S NAM			14. MOTHER'S MAIDE	N NAME		
Willia	an H. Roundy		Virginia	C. Goodma	an	
15. WAS DECRASED E	VER IN U.S. ARMED FORCES		17. INFORMANT AND	ADDRESS		
Unknown	(If yes, give war or dates service)	127-01-2625	Mrs. W. R. Po	well Port	tsmouth	Va.
	and the second s	. 18. MEDICAL CE	RTIFICATION	,		T
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH				INTERVAL BETWEEN ONSET AND DEATH
		11-	to House	tit.		, 1
Immediate	e cause (a)	ann	1 // 1/100	ues		(week
5 44 7 Anteceder	nt cause(s)		+ 11 +	A + 1	2 111.	, 1
Diseases or	conditions, if any, (b)	Alle	gasus ,	musica	u ym	1 week
giving rise to	o the above cause inderlying cause last					
1300	(e)					
II. OTHER SIGNIFI	CANT CONDITIONS	1 +	1 - 1	. 1	110.	
related to the disea	iting to the death but not se or condition causing deat		Molie lan	dis Vage	class like	, 5 years
19a. DATE OF OPE	RATION 19b. MAJOR I	FINDINGS OF OPERATION				20. AUTOPSY?
						Yes - No -
21. ACCIDENT SUICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN)	(COUNTY)	(STATE)
HOMICIDE	INJU	JRY				
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY O	CCUR?		
INJURY	m.	Work At work				
00 Tlanda	the that I attended the	e deceased from ///9	105/ to 1/21	1 10 5/4	hat I last a	ow the decessari
	,		0 0			
alive on/.	20 , 19.5/, an	d that death occurred at	8:45 / m., from the	e causes and on	the date sta	ated above.
SIGNATURE	1	(Degree or title)	ADDRESS	0		DATE SIGNED
9.	Brady &	mild m. Ll.	Raving Bes	ach, md.		1/20/51
23. BURIAL CREM REMOVAL (Spec			RY OR CREMATORY	LOCATION (City,		
Burrar.	(Jan . 2)	1, 201	en Haven		Burnie,	Md.
DATE RECYD BY	LOCAL REGISTRANS	SIGNATURE	24. FUNERAL DIRECT		0.5	ADDRESS
1/23/	51/5-/	NIM.	Thomas W. S.	ingleton,	Glen	Burnie,
						Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING S. A15



# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No.....

	Reg. Dist. No	
1. PLACE OF DEATH HAVE ARUNDEL MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	7.77
CITY (If outsing corporate limits, write RUBAL and LENGTH OF STAY OR give negretary PSCO APRK (In the place) HOSPITAL OR INSTITUTION OR STREET ADDRESS	OR TOWN	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS 211 MILLANT 57	•
3. NAME OF DECEASED (Type or Print) SUZANNE (Middle)	6 Y S TER GATE (Month) OF DEATH JANY	(Day) (Year)
Fenal 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under Months yrs.	I year  If under 24 hrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business or Industry	11. BIRTHPLACE (State or foreign country)   12	CITIZEN OF WHAT
ROBERT L. BROOKS	JUANITA ROYSTER	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	JUANITA ROUSTER PATAPS	COPARK
18. MEDICAL CE	ERTIFICATION	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	- /	INTERVAL BETWEEN ONSET AND DEATH
9210 Immediate cause (a) Ditrangul	Pation	* 0.000 200 000 000 000 pm urp = 0.4000 p. 0,000 p. 0,00 p. = = = = 0.000 p. 0.000 p. = = 0.000 p. = 0.
Antecedent cause(s) Diseases or conditions, if any, (b)	tation of Vomities	
giving rise to the above cause stating the underlying cause last	4-0	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Office bidg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while NJURY At work at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A aptained by said Autopsy, Inspection or Inquiry, find that said dece	Autopsy _, Inspection X, Inquiry X thereon and	from the evidence
( from; natural causes , accident X, suicide , homicide ,	vased died on the day stated above, and death in my undetermined .	opinion resulted
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
10 km 11. Caffe M. D. Deputy Medica	Examine Amapotes Md.	1/30/51.
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE	2010), 00000	y) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
211/51	1 moy o willow 1000	- un voy
210250 991990		11

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1/30/51 Call University Nospital - no second in 1950

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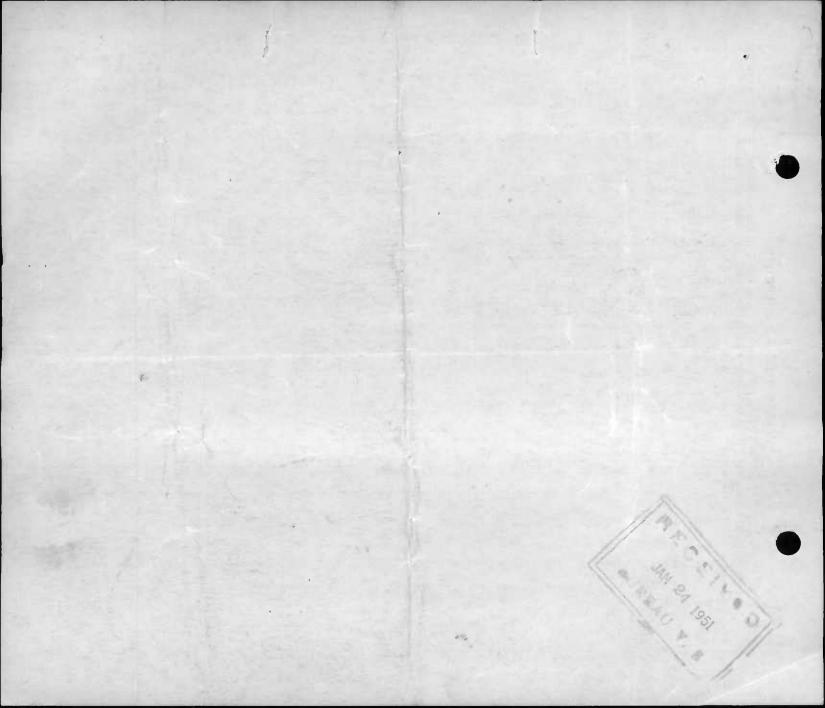
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# 0138

# **CERTIFICATE OF DEATH**

I. PLACE OF DEATH COUNTY	· Anne Arundel	MARYLAND	2. USUAL RESIDENCE (I	HOME) OF DECEASED. COUN	ry City
CITY (If outside co OR give nearest TOWN	orporate limits, write RUF town) Crownsvill	AL and   LENGTH OF STAY	ysor Baltimor	ate limits, write RURAL and a	rive nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRES	Charmanilla	State Hospital	STREET	(If rural, give location)  1. Leslie Street	V
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	Jessie	M.	Rush	OF 1/12/5	19
female female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed 10b. KIND OF BUSINESS OR	8. DATE OF BIRTH	63 yrs. Month	or I year   If under 24 hrs.
done during most of w	ATION (Give kind of work rorking life, even If retlred) KNOWN		Virginia		COUNTRY! U.S.
13. FATHER'S NAM			14. MOTHER'S MAIDEN	name known	
IK WAS DECEMBED ES	TER IN IIS ARMED FORCE	S?   16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
(Yes, no, or unknown).	(II, yes, give war, or dates service)	States South		ital Records	
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
		Chronic Myoc	arditis	kne	oth since
U22 2 Immediate	e cause (a)			· · · · · · · · · · · · · · · · · · ·	8/9/50
934 Diseases or o	at cause(s) conditions, if any, the ahove cause nderlying cause last				11 11
	(e)	Senile Psych	osis		"
Conditions contribu	CANT CONDITIONS ting to the death but not se or condition causing dea	th.			
19a. DATE OF OPE	RATION   19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
none	3		none		Yes No D
21. ACCIDENT SUICIDE HOMICIDE	OF	ACE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR '	rown) (COUNT	
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR?	
OF INJURY NO	one m.	While at Not While Work At work	none		
22. I hereby certicalive on 1/12 SIGNATURE.	ify that I attended the 2/51 , 19, as	ne deceased from 9/9/50.  od that death occurred at  (Degree or title)  Crow	O:10 A. m., from the ADDRESS msville, Md.	causes and on the date	stated above. DATE SIGNED 1/12/51
23. BURIAL, CREM REMOVAL, (Spec	(I) Stewar	with ant au	RY OR CREMATORY  1 24. FUNERAL DIRECTOR	LOCATION (City, town, or co	ADDRESS
REG.3 -5	Talk	in enfec	George T.	a Gilmon	A L
		//0		1 1 8 3 1 1 1 1	



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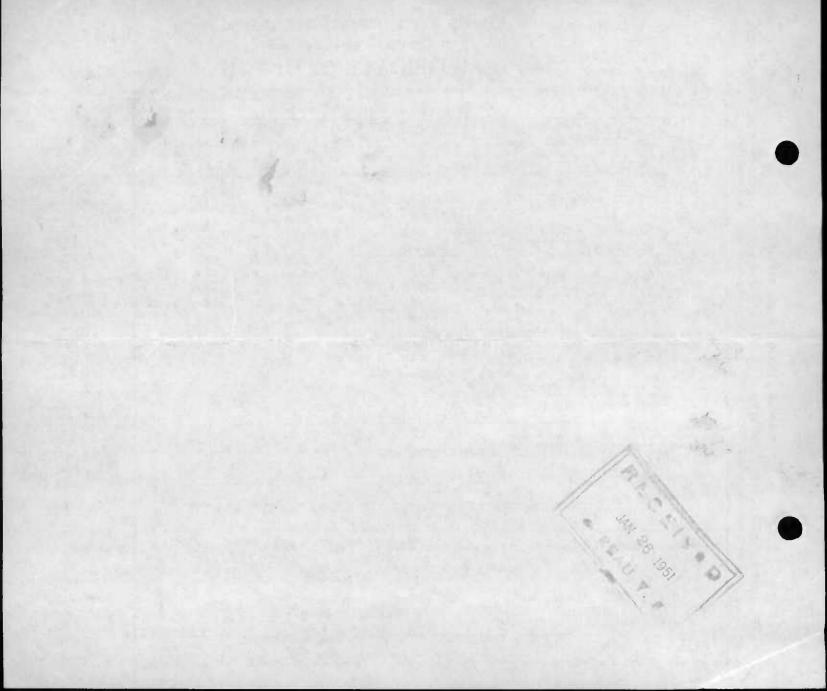
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in #8	sh	own	on:

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0139

FINNO. G 130 JAN 30 19 SERTIFICATE OF DEAT	TH Reg. Dist. No. 21
1. PLACE OF DEATH COUNTY 2. USUAL RESIDENCE OF STATE MARYLAND	(HOME) OF DECEASED. COUNTY Q Q.
TOWN TOWN (In this place) OR TOWN (IN	rate limits, write RURAL and give nearest town)
INSTITUTION OR STREET ADDRESS /21 Charles ADDRESS /21	Charles
3. NAME OF DECEASED (First) (Middle) (East)  (Type ar Print)  6. SEX   6. COLOR OR RACE   7. SINOLE, MARRIED   8. DATE OF BIRTH 6.9	4. DATE (Month) (Day) (Year) OF DEATH / 24 195
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED, (Specify) 10s. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or 11. BIRTHPLACE (State)	9. AGE last hirthday If under 1 year If under 24 hrs. Months   Days   Hours   Min.
done during most of working life, even if retired) INDUSTRY Home Q. Q. Co. 13. FATHER'S NAME	Md Byras 4.
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT AND	ADDRESS - Seeman
(Yes, nn, or unknown) (If yes, give war or dates of gervice)  18. MEDICAL CERTIFICATION	Christiansburg Va
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause  (a)  Antecedent cause(s)  (b)  Antecedent cause(s)	motive 3 years
Diseases ar conditions, if any, giving rise to the above cause stating the underlying cause last	and make
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) (CITY OR 'STREET, INJURY)	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   HOW DID INJURY OCCURRED   While at Not While   Not Work   At work	COUR!
2.1.	1971, that I last saw the deceased
alive on	causes and on the date stated above.  DATE SIGNED
	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTO	OR ADDRESS
Jan. 25, 1451 1 (181111 John 19. Say	la sur Comopolis



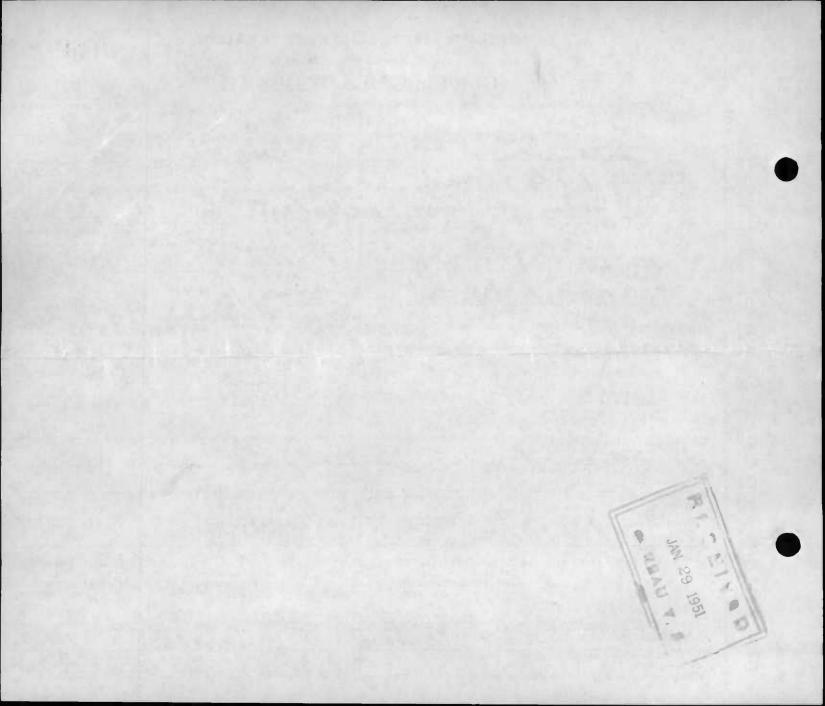
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

0140

	CERTIFICAT	E OF DEATH	Reg. Dist. No. 21
I. PLACE OF DEATH. COUNTY Q. Q.	MARYLAND	2. USUAL RESIDENCE (HOME) OF I	COUNTY QQ.
CITY (if outside corporate limits, wri OR give nearly town) TOWN	te RURAL and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, writed the Town Bay Nea	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Q. Q. A.	Leneral		d, give location)
3. NAME OF DECEASED (Type or Print)	(Middle)  /Yenly	Chubert   4. DATE OF DEATH	
Male COLOR OR I	ACE 7. SINCLE, MARRIED, WIDOWED, BIVORGED, (Specify)	May 7 1887 63	oirthday If under I year If under 24 hrs. Montha Days Hours Min.
dop during most of working life, every	of work 10b. Kind of Business or chindi), Industry	11. BOTHPLACE Grate or foreign count	12. CITIZEN OF WHAT
13. FATHERS NAME	Schubert	Levenia Gon	d
15. WAS DEFRASED EVER IN U.S. ARMED (Yes, no, or unknown) (If yes, give war of service)	FORCES? 16. SOCIAL SECURITY No.	Munic W. Schule	I Bay Head
I. DISEASES OR CONDITIONS DIRE	18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause	(a) Cerebral &	men mage	3 Cur
Antecedent cause(s) Diseases or conditions, if any,	(b) averos lesa	The land or versul	200
giving rise to the above cause stating the underlying cause last	(c)	acad cise	1592
11. OTHER SIGNIFICANT CONDITION Conditions contributing to the death be related to the disease or condition cause	ut not	hone	
19a. DATE OF OPERATION   19b. M			20. AUTOPSY? Yes □ No ②
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (OF INJURY	Hour) INJURY OCCURRED While at Not While m. Work At work	HOW DID INJURY OCCUR?	
		, 1945, to 1/23 , 19.5/	
alive on //25, 19.5 SIGNATURE	, and that death occurred at (Degree or title)	ADDRESS and	on the date stated above.  DATE SIGNED
V Com	nch lu. D au	encepoles hed	1/25757
	HEREOF NAME OF CEMETE		ity, town, or county) (State)
DATE REC'D BY LOCAL RECHST	RAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS



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	formation	cicatiy an
5	of ir	2000
	em	3
JE DIN	every it	c campca
VED F	Supply	wille ch
RESER	INK.	picano
MARGIN RESERVED FOR DINDING	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefull	. I Ly Sicialis.
	WITH	in por carr
	PLAINLY,	is especially
Name of Street	WRITE	
1	PLEASE	(

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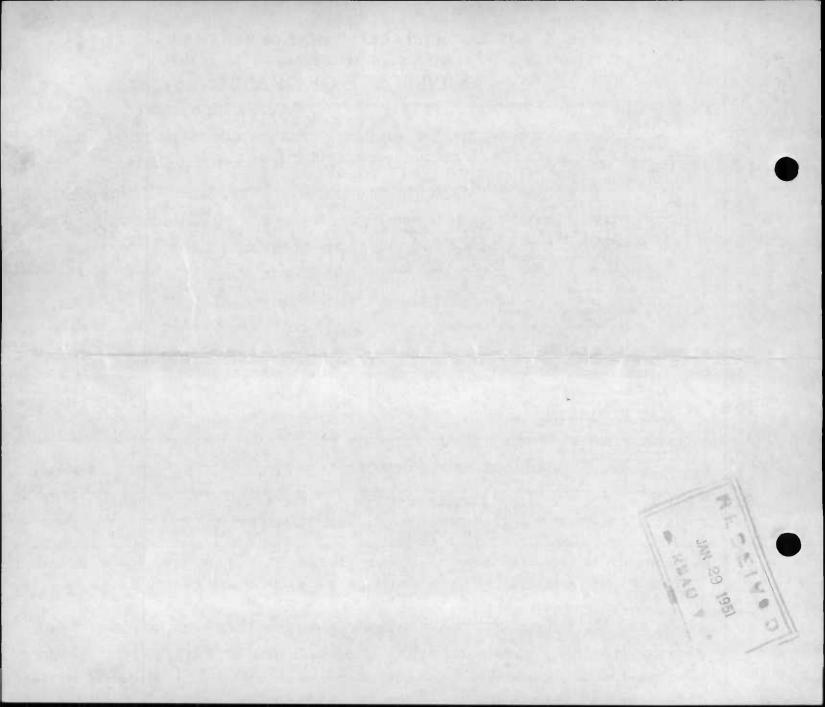
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

(1141

1. PLACE OF DEATH.	2. USUAL RESIDENCE, (HOME) OF DECEASED.
COUNTY PLANE ARIANDE MARYLAND	STATE MARY AUD COUNTY J. H.C.
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN give negret town) ADO WS MD (in this place)	TOWN HUNADALIS MD.
HOSPITAL OR	STREET / (If rural, give location)
STREET ADDRESS WEST HAINA POLIS	ADDRESS LEST HUNDADOLIC
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
(Type or Print) FRE.D	OF T
5. SEX 1 6. COLOR OR RACE 17. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE inst hirthday   If under If year   If under 24 hrs.
MALE WHITE WIDOWED, DIVORGED, (Specify)	1859 9 yrs.   Months   Days   Hours   Min.
done during most of working life, events, retired Industry O. R. I	BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
OCHCIS FILE TO WINE BOT DE HODBIN	APITISTIE LD N. H USH.
13. FATHER'S NAME SHOP	14. MOTHER'S MAIDEN NAME
JAMES M. ) ITHW	MARY J. NUTTER
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no, or unknown)   (11 yes, give war or dates of	17. INFORMANT AND ADDRESS
service)	MRS. IRVIN L. STINCHCAMP
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
P DELICION DE LA CONTRACTOR DE LA CONTRA	ONSET AND DEATH
Immediate cause (a) Covary	Ansuffrage Tolay
420.0	
Antecedent cause(s) Diseases or conditions, if any. (b)	Paration Hert Illians Home
92   giving rise to the above cause	The state of the s
stating the underlying cause last	
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	
The same of the sa	20. AUTOPSY?
	Yes 🗋 No 🗋
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
Z1. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	Yes 🗍 No 🗋
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	(CITY OR TOWN) (COUNTY) (STATE)
Z1. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	(CITY OR TOWN) (COUNTY) (STATE)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	(CITY OR TOWN) (COUNTY) (STATE)  HOW DID INJURY OCCUR?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. Work At work   22. I hereby certify that I attended the deceased from	(CITY OR TOWN) (COUNTY) Yes No No No How DID INJURY OCCUR?  19.47, to 19.51, that I last saw the deceased
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY Mork Not While at Not While at Not Work At work 1  22. I hereby certify that I attended the deceased from 1.1.  alive on 1.1.	HOW DID INJURY OCCUR?  19.47, to 19.51, that I last saw the deceased m, rom the causes and on the date stated above.
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. Work At work   22. I hereby certify that I attended the deceased from	(CITY OR TOWN) (COUNTY) Yes No No No How DID INJURY OCCUR?  19.47, to 19.51, that I last saw the deceased
21. ACCIDENT SUICIDE OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While office bldg., etc.)  1. ACCIDENT SUICIDE OF OFFICE	HOW DID INJURY OCCUR?  HOW DID INJURY OCCUR?  19.47, to 19.51, that I last saw the deceased by many rom the causes and on the date stated above.  ADDRESS  DATE SIGNED  1.55/5/
21. ACCIDENT SUICIDE OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While office bldg., etc.)  1. ACCIDENT SUICIDE OF OFFICE	HOW DID INJURY OCCUR?  19.47, to 19.51, that I last saw the deceased m, rom the causes and on the date stated above.
21. ACCIDENT SUICIDE OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While of Not Work  22. I hereby certify that I attended the deceased from At work alive on SIGNATURE  23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	HOW DID INJURY OCCUR?  HOW DID INJURY OCCUR?  19.47, to 19.51, that I last saw the deceased by many rom the causes and on the date stated above.  ADDRESS  DATE SIGNED  1.55/5/
21. ACCIDENT SUICIDE (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from At work alive on SIGNATURE  23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  REG.	HOW DID INJURY OCCUR?
21. ACCIDENT SUICIDE OF office bldg., etc.)  PLACE (Home, farm, factory, street, OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While of Not Work  22. I hereby certify that I attended the deceased from At work alive on SIGNATURE  23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	HOW DID INJURY OCCUR?



WRITE

PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

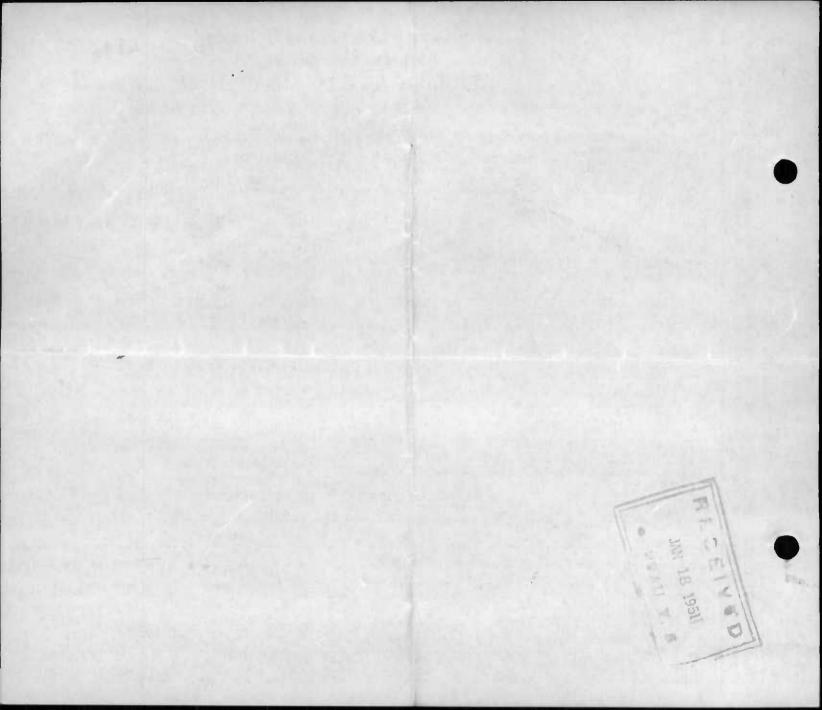
## CERTIFICATE OF DEATH

Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Baltimore STREET (If rural, give location) ADDRESS not known (Last) 4. DATE (Month) (Day) (Year) Shields DEATH DATE OF BIRTH 7 9. AGE last hirthday If under 1 year | If under 24 hrs. Months | Days | Hours | Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Maryland 14. MOTHER'S MAIDEN NAME notnknown 17. INFORMANT AND ADDRESS Hospital Records INTERVAL BETWEEN ONSET AND DEATH known since 20. AUTOPSY? none Yes No [ (CITY OR TOWN) (STATE) none HOW DID INJURY OCCUR? none ..., 19....., to 1/13/5]19....., that I last saw the deceased

1. PLACE OF DEATH. COUNTY Anne Arundel MARYLAND CITY (If outside corporate limits, write BURAL and OR give nearest town) DOWNSVILLE TOWN Anne Arundel LENGTH OF STAY 7 year's HOSPITAL OR INSTITUTION OR Crownsville State Hospital STREET ADDRESS 3. NAME OF (Middle) DECEASED George (Type or Print) 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIGOWED 5. SEX male colored 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR done during most of working life, even if retired) INDUSTRY none none 13. FATHER'S NAME not known 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yen, no, or unknown) (Il yes, give wer, or dates of I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH General Arteriosclerosis Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION none 21. ACCIDENT PLACE (Home, farm, factory, street, OF office bldg., etc.) (Specify) SUICIDE none HOMICIDE INJURY INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) Not While While at none INJURY Work At work 22. I hereby certify that I attended the deceased from 6/1743 and that death occurred at 1:30 A. m., from the causes and on the date stated above.

One of the causes are the causes and on the date stated above.

DATE SIG alive on. SIGNATURE DATE SIGNED Crownsville. Md. 23. BURIAL, CREMATION REMOVAL (Specify) NAME OF CEMETERY OF CREMATORY LOCATION (City, town, or county) (State) DATE REC'D BY



The correct

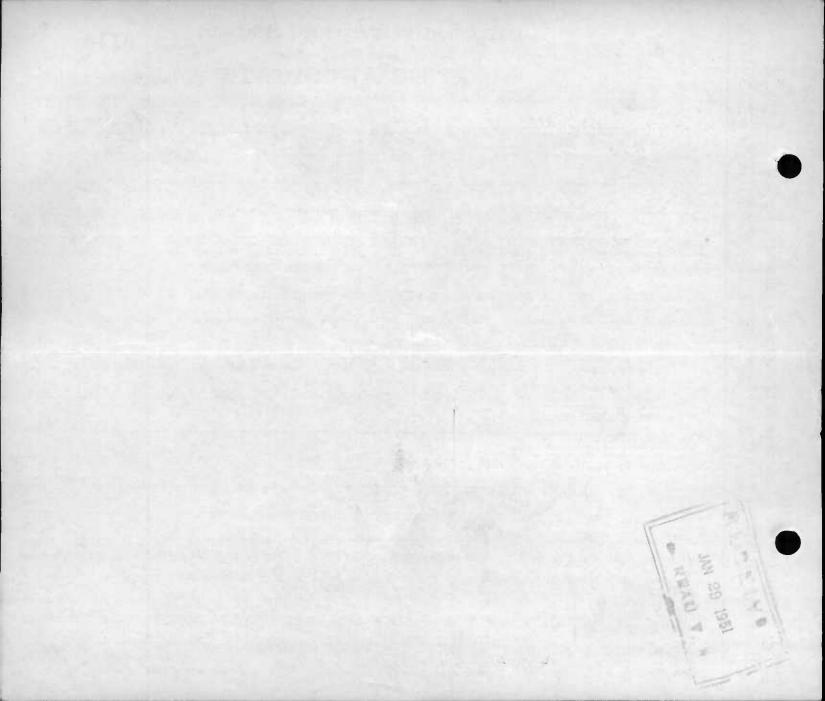
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0143

## CERTIFICATE OF DEATH

1. PLACE OF DEATH. COUNTY	MARYLAND	2. USUAL RESIDENCE (I	IOME) OF DECEASED-	NTY
CITY (If outside corporate limits, write RURA OR givo nearest town)	LENGTH OF STAY (in this place)	OR TOWN	ate limits, write RURAL and	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rural, give location	)
3. NAME OF (First) DECEASED (Type or Print) Maria	(Middle)	Laylor	4. DATE (Month) OF DEATH	(Day) (Year) 2 2 19.37
Jemel Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH OCL. 22, 1869	8/ ym. 1 3	ths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Baltimone	mel.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		Mukrour		
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown)   (If yes, give war or dates of service)	·f	17. INFORMANT AND	ADDRESS	
	18. MEDICAL CE	ERTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH	1		ONSET AND DEATH
	C MADE	Man Octo	-1	Set 1950
442 Immediate cause (a)	C W C W C	Tour Cangas	7-77	
Antecedent cause(s)	0.101	last the	0.10	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Curling Ser	confro (V)		*********************************
(c)				
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat				
19a. DATE OF OPERATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?
				Yes No 🗗
SUICIDE OF INJU			7	TY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OF	CUR?	
22. I hereby certify that I attended the	e deceased from	, 1950, to Jana	2, 1957., that I las	st saw the deceased
alive on 22, 199, an	d that death occurred at.	ADDRESS from the	causes and on the date	stated above.  DATE SIGNED
The Kickor draw	Mas	aun fret	S CAMPION (C)	154/57
23. BURIAL, CREMATION DATE THERE REMOVAL (Specify)	1951 Scotts Ce	metery	LOCATION (City, town, or o	md.
DATE REC'D BY LOCAL REGISTRAR'S REG. 251951	SIGNATURE	24. FUNERAL DIRECTO	w Aunspoles	mdi
1 1 10	B. bent	7 /	1 /	093888



S. A15

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

(1144

•	Reg. Dist. No	J
I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	y 1
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	ne Hrunde I
OR givo nearest town) TOWN (in this place)	TOWN West HINDER	re nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General Hospt.	STREET (If rural, give/location) ADDRESS 100 MUNICOL T.	3
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Urlah ///ton	JEVTY DEATH Van	30 1951
6. SEX 16 6. COLOR OR RACE 7. SINGLE, MARRIED, DIVORCED, (Specify) MARTIE O. (Specify) MARTIE O.	8. DATE OF BIRTH 9. AGE last hirthday If under Months	J year   If under 24 hrs   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR LINESTRY	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	4.5.77.
arian riverry	Emma Lain	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes no, or unknown) (If yes, give war or dates of learnice) (Yes no, or unknown) (If yes, give war or dates of learnice) (Yes no, or unknown) (If yes, give war or dates of learning no not not not not not not not not not	Edith K. Terry West Ar	napolis Md
18. MEDICAL CE	RTIFICATION	1 10
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	20	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Hambres	mass
Antecedent cause(s)	2	Sens DA
Diseases or conditions, if any, (b) giving rise to the above cause		
stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.	There	Jerne
19a. DATE OF OPERATION   19h. MAJOR FINDINGS OF OPERATION		1 20 AITOPRY
		V. S. N. S.
21. ACCIDENT (Specify) PLACE (Home, farm, factory, atreet, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from	, 1957, to 1957, that I last s	aw the deceased
alive on 30, 1957, and that death occurred at	ADDRESS and on the date st	ated above. DATE SIGNED
Lengt C. Baril, Ul. D V	Aughlis tel	2-1-51
23. BURIAL, CAEMATION DATE THEREOF NAME OF CEMETER BURIAL (Specify) 2/2/1951	RY OR CHEMATORY LOCATION (City, town, or count	(State)
DATE REC'D BY LOCAL REGISTRAD'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Tet, 2, 1131 Worth	to in p. daylor ton Some	spolis, 149
11	79	3 888



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

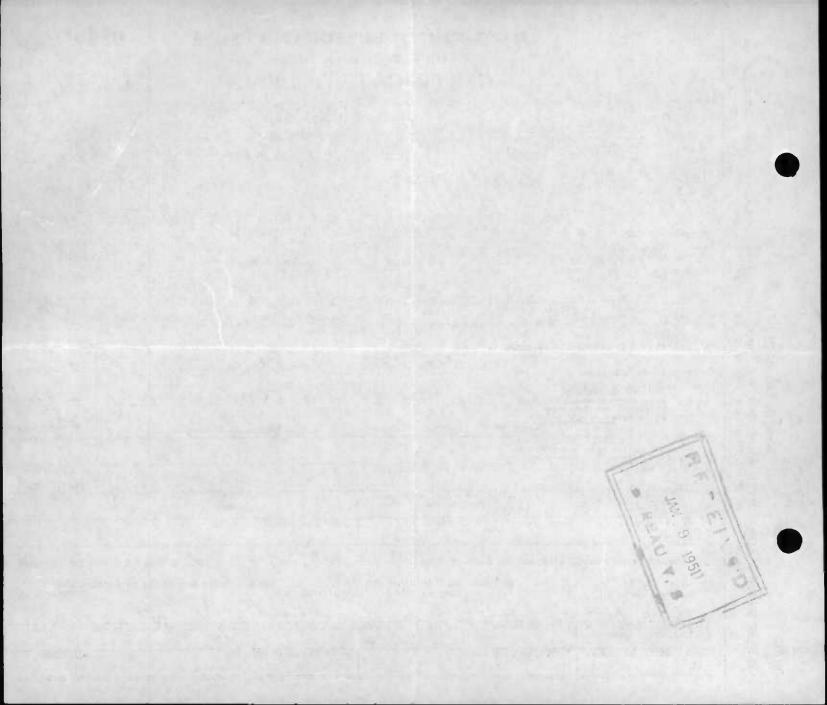
### CEDTIEICATE OF DEATH

	CE	KIIFICAI	E OF DEA	III R	eg. Dist. No.
1. PLACE OF DEATH- COUNTY VYUM	Arendel	MARYLAND	2. USUAL RESIDENCE STATE	HOME OF DEC	COUNTY A, A.
CITY (If outside comprate OR give neares	limits, write RURAL and	LENGTY OF STAY	OR TOWN	ome limits grite P	URAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	A. General	Hospital	STREET ADDRESS	ain Hi	ve leation)
3. NAME OF DECEASED (Type or Print)	(First)	MAY -	TURNER	4. DATE OF DEATH	(Month) (Day) (Year)
Flivale 6. CO	hute WIDO	GLE, MARRIED, OWED PROPERTY OF THE PROPERTY OF	8. DATE OF BIRTH	9. AGE last both	
10a. USUAL OCCUPATION done during move of working l	(Give kind of work 10b. Industries Industries)		11. BIRTHPLACE (State	e or treign country)	12. CITYEN OF WHAT
13. FATHER'S NAME	lacab 2	orney	14. MOTHER MAID	a Ba	ten
15. WAS DECRASED EVER IN (Yes, no, or unknown) (If yes, service)		OCIAL SECURITY NO.	Wes Bou	Lahrung	Lambrells Md.
		18. MEDICAL CE	RTIFICATION	0	INTERVAL BETWEEN
I. DISEASES OR CONDITION	ONS DIRECTLY LEADIN	NG TO DEATH	- 00	, _	ONSET AND DEATH
Immediate cause	(a)	Weavete	s Theller	ris	204cars
Antecedent caus		A.t.	mit 1 Pa		
Diseases or condition	a, If any, (b)	wirty 4	Murral Rug	inguari	on & years
giving rise to the about the stating the underlying	g cause last	Chronic	Endo car	ditis	5 years
II. OTHER SIGNIFICANT Conditions contributing to related to the disease or con	he death but not				
19a. DATE OF OPERATION	19b. MAJOR FINDIN	GS OF OPERATION			20. AUTOPSY?
A COLDENIE	21-2 DIAGRAM		(Gimy Or	mown	Yes No
21. ACCIDENT (Specific HOMICIDE HOMICIDE		ne, farm, factory, street, bldg., etc.)	(CITY OF	(TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) OF INJURY	(Year) (Hour) INJUR While a Work		HOW DID INJURY O	CCUR?	
22. I hereby sertify tha	I attended the decor	and from All. 13	1,50 . Jan	V.5 1051 .	hat I last saw the deceased
1 Vaun of			24C 1/ 1		
alive on Augustin	and that	death occurred at	ADDRESS	ne causes and on	the date stated above. DATE SIGNED
Xal	Jak.	MA	Hungs	Dole 7	11/1/10
20 BURIAL, CREMATION	DATE THEREOF	I NAME OF CEMETE	RY OR CREMATORY	LOCATION (City,	town, or county) (State)
REMOVAL (Specify)	Jan 9, 1951	1211.	Memorial	an . 11.	wille, Md.
DATE REC'D BY LOCAL			24. FUNERAL DIRECT		ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corpect is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

age

VS. A15



The correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0140

## CERTIFICATE OF DEATH

Reg. Dist. No.....

ш			
Ì	1. PLACE OF DEATH- COUNTY  MARYLAND  MARYLAND	2. USUAL RESIDENCE HOME OF DECEASED COUNTY	mon word
	CITY (If outside opporate limits, write RURAL and CITY (If outside opporate limits, write RURAL and CITY (in this place)	OR TOWN CENTURE RURAL and giv	e nearest town)
	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
	3. NAME OF DECEASED (First) . (Middle) (Type or Print)	(Last) 4. DATE (Month) OF DEATH AM	(Day) (Year) 1967
1	SEX 6 COLOR OR RACE 7. SINGLE, MARRIED, WIDOWEL DIVORCED, (Specify)	8 DATE OF BIRTH 9. AGE last birthday If under Months.	1 year   If under 24 hrs. Days   Hours   Min.
f	done during most of vorking life, even if retired Kingers of Kusining of Rusining of Kingers of Kin	Maryland	. CITIZEN OF WHAT COUNTRY?
	John Lewis	Lucy Wiknown	11
1	15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes 100 or unknown) (If year, give war or dates of service)	(always Sing Odenton	1/1/4
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
	4200 Immediate cause (a) Arterio scherotio	c Heart Dispase	18 Months.
	Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause		15 Years.
	stating the underlying cause last  (c) 6.2 m. e. r. A. / 1.2 ed A fe - r.  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.	10 - Sclanogis	
ı	19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
I	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
	22. I hereby certify that I attended the deceased from Oct	, 1946., to Jam.//, 19.5/, that I last sa	aw the deceased
	alive on 4, 19.5/, and that death occurred at	ADDRESS ADDRESS	ated above. DATE SIGNED
	Edward 9 Chemit M.D.	6 ambrills 12g	1-11-51
	Suna (Specity) /13/5/ Mehols	RY OB CREMATORY LOCATION (City, town, or count	Mai
	BATE RECO BY LOCAL REGISTRAL'S SIGNATURE REG. 12-51 W. Hedvil	24 MARKAL DIRECTOR 1219 ST Pan	ADDRESS
П			

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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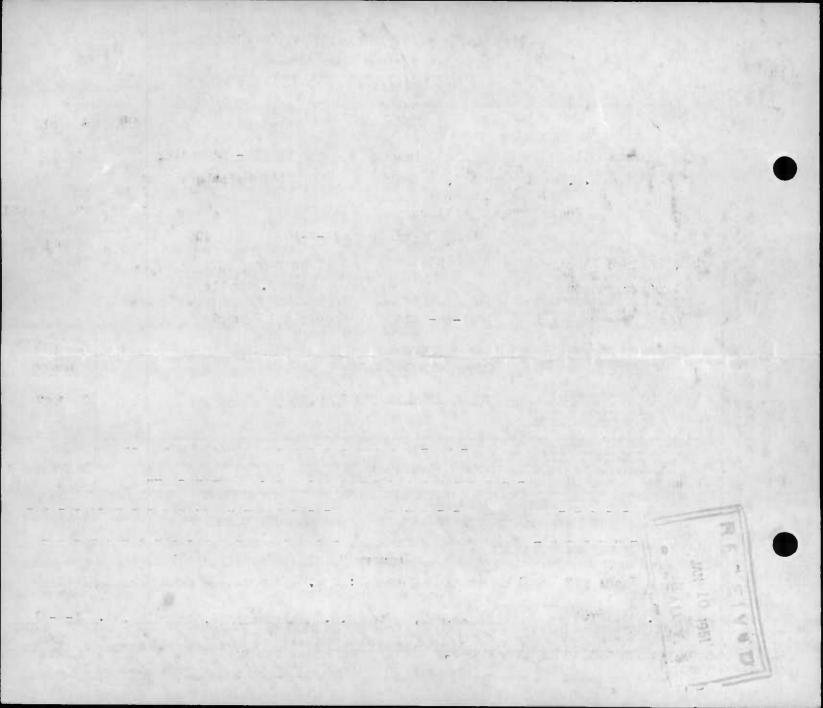
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

0147

1. PLACE OF DEATH	H.		2. USUAL RESIDENCE ( STATE Maryland	HOME) OF DECEASI	
Anne	Arundel	MARYLAND AL and   LENGTH OF STAY			Annerarundel
OR give nearest	orporate limits, write RUR.	(in this piace) 50 minutes	II OR		L and give nearest town)
TOWN Anna	apolis	50 minutes		- Edgewater	
HOSPITAL OR INSTITUTION OF STREET ADDRE	R U.S.Naval Ho	spital, Annapolis	STREET ADDRESS 378 Sa	(If rural, give lo	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (M	onth) (Day) (Year)
(Type or Print)	Joe	Miller	WATSON	OF DEATH 1	7 19 5
6. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year   If under 24 hr
Male	White	WIDOWED, DIVORCED, (Specify) Larried	12-7-10	40 yrs.	Months Days Hours Min
10a. USUAL OCCUP.	ATION (Give kind of work vorking life, even if retired) d Inactive	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
CSC, Retire	d Inactive	INDUSTRY USN	Tennessee		COUNTESA
Strother	Œ	1	Mary E. Wh	NAME	
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	?   16. SOCIAL SECURITY No.	17. INFORMANT AND	ADDRESS	
(Yes, no, or unknown)	(Hyes, give war or dates (service) WW II	411-46-8426	Hospital Rec	ords	
		18. MEDICAL CE			
I DISPASES OF CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATE
I. DISERSES ON OC	MDIIIONS DINSOIDI				
Immediat	e cause (a)	CORONARY OCCLUSIO	N		2 hours
W. C. C. L					
	nt cause(s) conditions, if any, (b)	CORONARY AREERIOS	CLEROSIS		2 years
giving rise to	o the above cause	***************************************	5 X 5 5 7 X 5 X 7 4 4 5 5 7 X 4 5 5 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5	· • • • • • • • • • • • • • • • • • • •	**************************************
940 strong the u	inderlying cause last				
II. OTHER SIGNIFI	CANT CONDITIONS				
Conditions contribu	uting to the death but not se or condition causing deat	h			00.00
		FINDINGS OF OPERATION			20. AUTOPSY?
None					Yes 😽 No 🗆
21. ACCIDENT	(Specify)   PLA	CE (Home, farm, factory, street,	(CITY OR	TOWN) (C	COUNTY) (STATE)
SUICIDE HOMICIDE	OF INJU	office bldg. etc.)			
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR?	
OF INJURY	m.	While at Not While Work At work			
22. I hereby cert	ify that I attended the	e deceased from January	71951, to Janua	ry 79 51, that	I last saw the deceased
	uary 7, 19 31, an	d that death occurred at	ADDRESS	causes and on the	date stated above.
SIGNATURE	lahi	(Degree of title)	ADDRESS		DATE SIGNED
John M. DOL	JOHIN	LTJG.MCR.USNR	U.S.Naval Hospi	tal.Annapoli	s.Md. 1-8-51
23. BURIAL, CREM	ATTON   DATE THERE			LOCATION (City, town	
REMOVAL (Spec	(my) /-//-	51 allengle	n /alanal	Urlina	on va
DATE REC'D BY	LOCAL   REGISTRAR'S	MGNATURE	24. FUNERAL DIRECTO	OR C	ADDRESS .
Jan. 9, 10	75/1/1/00	Toruch	Jelon M. Nos	ylar tole l	brougales
		7.0	7	9/12 6	100011
	/ /			27091	6



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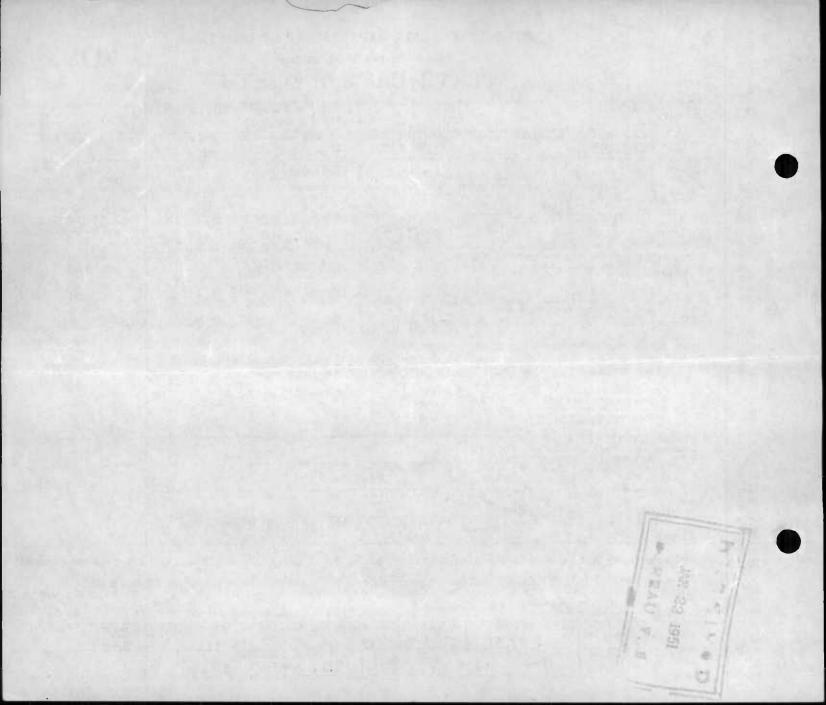
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11140

## CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Anne Arundel MARYLAND	STATE Maryland Anne Arund	Xη
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
TOWN Annapolis		
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	
STREET ADDRESS Anne Frumet General Hosp.	ADDRESS RFD Crownsville Pos	t Office
3. NAME OF (First) (Middle) DECEASED	(Last)   4. DATE (Month)	(Day) (Year)
(Type or Print) JAMES EDGAR WAT'	TS OF DEATHJanuary 2	1. 1951 19
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH   9. AGE last hirthday   If under	1 year 1If under 24 hrs.
Male White WIDOWED DIVORCED, (Specify) Married	May 10.1902 48 vrs. Menths	Days Hours Min.
done during most of working life, even if retired)  Attendent  Attendent	11. BIRTHPLACE (State or foreign country)	CITIZEN OF WHAT
13. FATHER'S NAME	Townson, Del	Country?
	14. MOTHER'S MAIDEN NAME	
James Watts	Burnice Shockley	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY No. (Yes, no, or unknown)   (If yes, give war or dates of	17. INFORMANT AND ADDRESS	
no leervice) no 222-10-4385	Geneva Watts Crownsville, M.	arvland
18. MEDICAL CEI	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
el lancido	· · · · · · · · · · · · · · · · · · ·	Olidar And Dianta
Immediate cause (a)	www.y-	VIM
540,0 Anterday over (a)	2.00000	
Antecedent cause(s) Diseases or conditions, if any, (b)	perero.	
///a giving rise to the above cause	**************************************	
stating the underlying cause last		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR BINDINGS OF OPERATION	A	20. AUTOPSY?
1/19/5/ (Peptie Will	ew	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No [
HOMICIDE INJURY	(COUNTY) (COUNTY)	(SIAIE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m.   Work   At work		
22. I hereby certify that I attended the deceased from	, 19, to, 19, that I last s	aw the deceased
alive on 1957, and that death occurred at	m from the causes and on the John of	stad share
alive on	ADDRESS	DATE SIGNED
1944 UM	1 - 1	SILL SIGNED
Pluming /11)	fine palo	-34
PELIOVAL (Specific)	RY OR CREMATORY   LOCATION (City, town, or count	y) (State)
REMOVAL (Specify) Jan. 23,51 Cecilton Cen	metery   Cecilton Manylon	
DATE REC'D BY LOCAL   RECUSTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 22 1951	B.L. Hopping and Son Annapo	lis. Md.
//	73	0 869



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VS. A15A

## MARYLAND STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

0149

1. PLACE OF DEATH-	STATE	NCE (HOME) OF DECEASED.	NTY
CITY (If outside corporate limits, write RURAL and LENGT OR give nearest town)	OF STAY CITY (If outside OR	corporate limits, write RURAL and	give nearest town)
HOSPITAL OR	TOWN   STREET ADDRESS	(If ru'al give loration	) 6 4 6
INSTITUTION OR STREET ADDRESS Locate 175	101	2 Kulland	ave. V
3. NAME OF (First) DECEASED (Type or Print) DeceaseD (Type or Print)		4. DATE (Month) OF DEATH	(Day) (Year)
6. COLOR OR RACE 7. SINGUE, MA WIDOWED, D (Specify).	IVORCED. 1929	2 / yrs. Mont	der 1 year   If under 24 hrs.
10n. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired) INDUSTRY	USINESS OR ILBIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY!
13. FATHER'S NAME	14. MOTHER'S M	AIDEN NAME	/
Jonas Diensto	1. pulle	Roberton	
15. Was DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (11 yes, give war or dates of service)	Other 2	testeay, Buch	wase, mid.
18.	MEDICAL CERTIFICATION		INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO D	4 14		ONSET AND DEATH
87 - Immediate cause (a) Seech	al Hemon	kope	Ludden
Antecedent cause(s) Diseases or conditions, if any, (b)	use of she	el ·	Kuddew
glving rise to the above cause stating the underlying cause last	use ofrigh	+ foot	01
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OF	ERATION		20. AUTOPSY?
21. EXTERNAL CAUSE WAS PLACE (Home, farm, f	otory street (CIT	Y OR TOWN) (COUN'	Yes No Z
PRIMARY OR CONTRIBUTING OF office blak, etc.) CAUSE OF DEATH.	te175 Jusa	ups male.	mil-
	while t work D	mobile besid	ent
22. I certify that I took charge of the remains described about obtained by said Autopsy, Inspection or Inquiry, find to from: natural causes ☐, accident ☐, suicide ☐, b	at said deceased died on the da	y stated above, and death in n	nd from the evidence ny opinion resulted
SIGNATURE (Degree of	title) ADDRESS	~ /-	DATE SIGNED
Sustave of Pauhen out. 2	end. Exemino la	Lew Berrue Jus	1. 1/13/5/
REMOVAL (Specify)	OF CEMETERY OR CREMATOR	LOCATION (City, town, or co	ounty) / (State)
DATE REC'D BY LOCAL REGISTRAY SIGNATURE	A 24. FUNERAL DI		ADDRESS
1/13/31 / 100000	Mrs. H.A.E.	lliott & Daughter	
		Comal	2200 (14



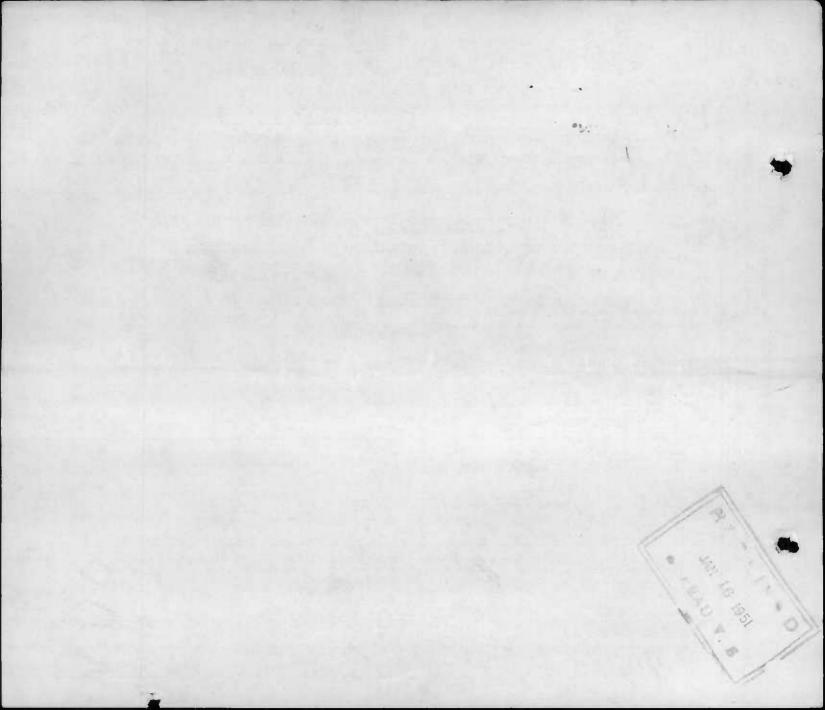
VS. A15A

## MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

0150

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	nearest town)
TOWN (in this place)	TOWN Sultimore	
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	20/
STREET ADDRESS / COULD / /	ADDRESS 1012 - Restlande	
3. NAME OF DECEASED (First) (Middle) (Type or Print)	(Last) 4. DATE (Month) OF DEATH	(Day) (Year)
6. COLOR OR RACE 7. SINGLE MARRIED. WIDOWELD, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under I Months Months	year If under 24 bre Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business or Industry	11. BIRTHPLACE (State or foreign country)   1 12	CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	3 Alle Dunston, Balle	cloud out
18. MEDICAL CE	PTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Cerebral IA	erroralege s	udden
Antecedent cause(s) Diseases or conditions, if any, (b) frustime 0	fapull	0/
170 c giving rise to the above cause stating the underlying cause last		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No (STATE)
PRIMARY OR CONTRIBUTING OF Office bidg etc.) 5	Jesseps, a.l.	med.
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not while INJURY / - / / - / / / m.   work   at work	HOW DID INJURY OCCUR?	et.
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes □, accident □, suicide □, homicide □, SIGNATURE (Degree or title).	eased died on the dry stated above, and death in my	rom the evidence prinion resulted
Surlave & Rouberhall and con	d 6.0 10 - 1/7 1	1/13/00
23. BURIAL CREMATION   DATE THEREOF NAME OF CEMETE REMOVAL (Specify) Jan 14,1951 Rocky Mount	RY OR CREMATORY   LOCATION (City, town, or county	(Stata)
DATE RECID BY LOCAL   REGISTRAP'S SIGNABURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 1/13/51	R.A.Elliott & Daughter	
	1190 Nr Caroline St.	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

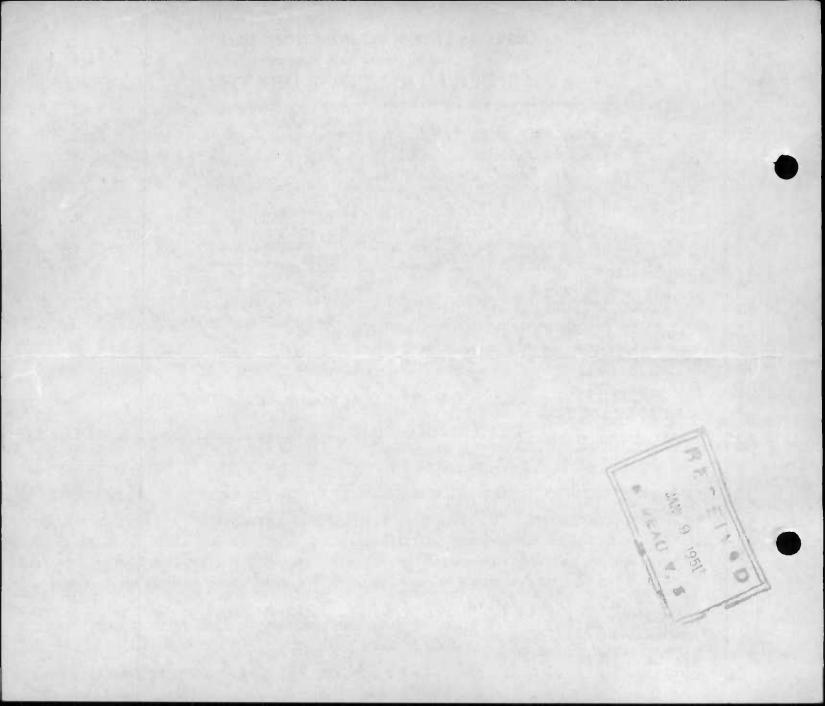
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0151

## CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY Q. Q. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- COUNTY	20
OR give to the Component limits, write RURAL and LENGTH OF STAY (in this place)	CITY (If outside perporate limits, write RURAL and civ	nearest town)
HOSPITAL OR INSTITUTION OR NEW Reall Higher Russ	STREET ADDRESS Resu Perell Offiguracy	(Rural)
3. NAME OF DECEASED (First) (Middle) (Type or Print)	Whethereton 4. DATE (Month)	(Day) (Year)
6. SEX 6. COLOR OR RACE 7 STUCKE MARRIED, WIDOWELD, DYVORCED, (Specify)	8. DATE OF FIRTH   9. AGE last birthday   If under 1	year   If under 24 hrs. Days   Hours   Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHFLACE (State or foreign country) 12	CITIZEN OF WHAT
13. FATHER'S NAME	14. MOPHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Lever Wheley In Al Ma	gore Z. Md.
18. MEDICAL CEI	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1111	ONSET AND DEATH
Immediate cause (a) Callato - Ra	wel Nepportersion disease	2 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)	sterio! Selevors	antum
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specity) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY At work	HOW DID INJURY OCCUR?	
22. I hereby cottify that I attended the deceased from	, 1950, to Jany 5, 1951, that I last sa	w the deceased
alive on Signature: 1951, and that death occurred at	ADDROSS Madoles; Md	DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER PERSONAL (Specify) 1-9-51	yo amapoli	med.
DATE REC'D BY LOCAL RECIETRAR'S SIGNATURE JOHN. 8, 1951	How M Say ly . Son and	ADDRESS
		mad



correct age

The

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

0152

1					
CUTY (W outside c	н· Arundel	MARYLAND	2. USUAL RESIDENCE (H	COUNTY	more City
CITY (If outside c OR give nearest TOWN COW		LENGTH OF STAY (in this place) 4 months	CITY (If outside corpora	te limits, write RURAL and giv	e nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRE	R Crownsville	State Hiospital	STREET	(If rural, give location) Valdo Street	V
3. NAME OF	(First)	(Middle)	(Last)	1 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	Marie		Wilkins	OF DEATH 1	25 19 51
5. SEX Female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	June. 1930 ?	9. AGE last birthday   If under   Months	Days   If under 24 hrs. Hours   Min.
10a. USUAL OCCUP	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)   12	CITIZEN OF WHAT
13. FATHER'S NAM			Baltimore, N	NAME	0.0.
John Wilk			Matilda Will	iams	
	VER IN U.S. ARMED FORCES (If yes, give war or dates of service)		H ospital Re		
	laci vico)	18. MEDICAL CE		coras	
		18. MEDICAL CE	KIIFICATION		INTERVAL BETWEEN
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH		1/	ONSET AND DEATH
				Known	to us since
Immediat	e cause (a).Pu	lmonary Tuberculo	sis	*** ' -* **** *************************	9/22/50
Immediat					,, ,,,,
	nt cause(s)				
Diseases or	conditions, if any, (b)		W		+1 80 00 00 10 0000 0000 0000 0000000000
stating the u	anderlying cause last				
	(c)				
JI. OTHER SIGNIF	CANT CONDITIONS			Anown	ito us since
Conditions contribu	uting to the desth but not	Sahiranhmani	a-Catatonic Type		9/22/50
	per or condition causing deat	INDINGS OF OPERATION	a-catatonic Type		19/22/5U
19a. DATE OF OPE	RATION 136. MAJOR I	INDINGS OF OFERATION			20. AUTUPSIT
					Yes No 🖸
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR T	OWN) (COUNTY)	(STATE)
TIME (Month)		INJURY OCCURRED	I HOW DID INJURY OCC	CUR?	
OF INJURY -	m.	While at Not While Work At work			
22. I hereby cert	ify that I attended the	e deceased from 9/22	19.50, to 1/25	, 19.51, that I last sa	w the deceased
signature	1/.22, 19, an	d that death occurred at (Degree or title)	ADDRESS from the	causes and on the date sta	ated above. DATE SIGNED
rest	Naveurs	h mix, c	rownsville, Mary	rland	1/26/51
BURIAL CREM	ATION DATE THEREO	A 1 - 1/1. 1 1/	RY OR CREMATORY L	OCATION (City town, or count	(State)
DATE REC'D BY	LOCAL   REGISTRAR'S	d' i'i' acci	1 24 EUNERAL DIRECTO	R/T	ADDRESS
REG 25	1 20	). Hadriel	Elioy 0, 4	uson 1000	Browly
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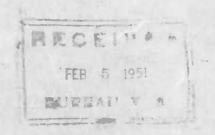
he correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

1. PLACE OF DEATH	I·		2. USUAL RESIDENCE (I	HOME) OF DECEASE	ED.		
COUNTY Anne Arundel MARYLAND			STATE Maryland Baltimore City				
		AL and   LENGTH OF STAY	CITY (If outside corpor				
OR give nearest	town)	OR Baltimore City					
OR give nearest town) TOWN Crownsville 9 75.4 MOS.			STREET (If rural, give location)				
INSTITUTION OF STREET ADDRESS		State Hospital	ADDRESS Unkr	nown		V	
3. NAME OF	(First)	(Middle)	(Last)		onth)	(Day) (Year)	
(Type or Print)	Carbella		Wilson	OF DEATH		26 1951	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday	If under 1	year  If under 24 hrs	
Female	Negro	WIDOWED, DIVORCED, (Specify) Single	1871?	79? yrs.	Months	Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY			11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
			Unknown ?				
13. FATHERS NAM	13. FATHER'S NAME						
	Unknown			Matilda Wilson Haven			
(Yes, no, or unknown)	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no, or unknown)   (If yes, give war or dates of			17. INFORMANT AND ADDRESS Hospital Records			
		18. MEDICAL CE			1		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
i. Dibbilions on oc						OHOUT AND DEATH	
Immediate	e cange (a)	Chronic myocardi	tis		Snown .	to us for	
122 2 Intilledian	o causo				2 yea	rs	
Anteceder	it cause(s)						
22 Diseases or e	conditions, if any, (b)		***************************************	**************************************	00 00 00 00 00 1 1 1 1 0 0 00 0 0 1 1	PR 88 97 97 99 00000	
stating the u	nderlying cause last						
THE CONTRACT OF STREET	(c)			-	Carana	do us since	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis							
related to the disea	se or condition causing deat	h. Senile Psychosis	3	ć	adm. 9		
19a. DATE OF OPE	RATION   19b. MAJOR I	FINDINGS OF OPERATION				20. AUTOPSY?	
		to the six say				Yes No C	
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR T	rown) (C	COUNTY)	(STATE)	
TIME (Month)		INJURY OCCURRED	HOW DID INJURY OC	CUR?			
OF INJURY	m.	While at Not While Work - At work					
Carlo de la resolución		1 10 20/20	10.17 . 7./0/	10 53 .1	Y 1		
22. I hereby certi	ify that I attended the	e deceased from10/13.	, 19.41., to1/.26.	, 1951 that	1 last sa	w the deceased	
alive on 7	/26 19 57 an	d that death occurred at	2:55 P.m. from the	causes and on the	date sta	ted above.	
SIGNAZUNE		(Degree or title)	ADDRÉSS	0000000 00000 022 0220		DATE SIGNED	
tuest the	Americale	(m.s),	Crownsville, Mar	yland		1/26/51	
23. BURIAL, CREM.	ATION DATE THEREO	NAME OF CEMETE	RY OR OREMATORY I	OCATION (City, town	n, or county	And (State)	
DATE REC'D BY	LOCAL REPUISTUR'S	SIGNATURE	24. PUNERAL DIRECTO	R	f 1	AUDRESS	
REG.2/2/	51 7.1	Nº leeba	Grances a He	emsley 5.	781	Biddless	
				٧,,,	2 1	1.1	



VS. A15A

The correct age

Evidence for change

MARYLAND STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

0154

In #9 shown on.	DOI DEMIN	
FILM NO. G 1 1 FFB 27 1951 FOR MEDICAL	EXAMINERS Reg. Dist. No.	<b>).</b>
1. PLACE OF DEATH- COUNTY Home Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	17,11.
CITY (Il outside corporate limits, write RURAL and LENGTH OF STAY OR give hearest town)  TOWN (In this place)	OR Mally ark House	e nearest town)
INSTITUTION OR STREET ADDRESS 102 Forrest AV.	STREET ADDRESS 102 Frest HVE	
3. NAME OF DECEASED (First) Raudolph Clement	CLast) 4. DATE (Month) OF DEATH HOUSE	(Day) (Year) 27 1957
5. SEX 6. COLOR/OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, WIGOPEN, OR (Specify)	78. PATE OF BIRTH 9. AGE last birtiday III onder Months yrs.	
done during most a folding me, even if retired Inbuffin during most a folding me, even if retired Inbuffin during		COUNTRY S WHAT
13. FATHER'S NAME Harry 8. Zell fr	14. MOTHER'S MADEN NAME Mullik	en
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) All yes give wat or dated 54	Col Preston D. Callery Baltin	of Ynd
18. MEDICAL CEI 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary	occlusion	Rudden
Diseases or conditions, if any, giving rise to the above cause	selerosis:	unknown
stating the underlying cause last		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
2t. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while INJURY m. work  at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy Inspection or Inquiry, find that said decerning to the control of the c	ased died on the dry stated above, and death in my undetermined ADDRESS  WHAT THE THE THE PROPERTY OF CITY, town, or goyn	DATE SIGNED  1/27/5/.  ty) (State)
DATE REJUD BY LOCAL REGISTRAR'S SIGNATURE REG. 129	Task la Martine The	ADDRESS Prad
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	391	1.686